



*Wisconsin
Department of
Health & Family
Services*

*A Report on
the Health and Well-Being
of Wisconsin Citizens
2004*



State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Helene Nelson, Secretary

January, 2005

Dear Reader:

The Department of Health and Family Services is pleased to present the fifth annual *Report on the Health and Well-Being of Wisconsin Citizens*. This report helps us track progress in our efforts to promote the health of all the people of our state as well as provide a foundation to facilitate long range strategic planning. In the future, the Health and Well-Being Report will be combined with the Department's newly created Annual Status Report on Healthiest Wisconsin 2010.

Several major, past and continuing trends have become evident that will have an impact on many of our Department's programs as well as having broad societal and economic implications.

- Lower birth rate. In 1970 Wisconsin's birth rate was 17.5 births per 1,000 population. In 2003 it was 12.7.
- Lower death rate. In 1970 Wisconsin's death rate was 9.2 deaths per 1,000 population. In 2003 it was 8.4. This lower death rate was achieved despite an aging population.
- Greater life expectancy. In the last 20 years, Wisconsin's life expectancy has increased by almost three years.

These trends, which are expected to continue, mean that there will be fewer young people and more elderly, and fewer working age persons relative to the number of non-working age persons. The number of persons under 18 is projected to decrease slightly through about 2015 before gradually increasing. The number of persons 18-64 peaks in 2015 and then declines slowly. The number of persons 65 and over at first is projected to grow slowly to 2010 and then grow rapidly. The number of persons 65 and over will almost double from 2000 to 2030. In 2000, 13 percent of the population was 65 and over. In 2030, one in five persons will be 65 and over. The median age of the population will be 40.5 years. These major demographic shifts and especially the aging of the population will present added challenges for managing disease and associated health care costs.

The most promising approach to prevent the onset of potentially debilitating conditions is through healthy behavior. A physically and mentally active population that practices healthy behaviors such as weight control and smoking cessation will minimize the adverse impact of the disease process.

Having identified these major trends, a perusal of the profiles in the Health and Well Being Report indicates:

- By most measures, Wisconsin citizens are healthier than the U.S. population as a whole. Infant mortality has dropped, life expectancy continues to increase and premature death from many of the leading causes of death have decreased.

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- A higher percentage of Wisconsin residents have health insurance than in other states.
- Conditions for children are better in several key areas: there's less child abuse and neglect, more immunization of toddlers, reduced rates of lead blood poisoning, fewer teen pregnancies, and less juvenile delinquency.

We should all feel proud of these achievements, but more work is needed. The most serious public health threats – and a big factor in the continually escalating health care costs in our state – involve smoking and obesity. We need to act aggressively to confront these lifestyle threats to health.

- Obesity has increased in the last 10 years to the point where more than one in five Wisconsin residents are considered obese. The percent of Wisconsin residents with high cholesterol has remained unchanged in the last 10 years and the percent with high blood pressure has increased. Poor eating, lack of exercise, and obesity means people are more likely to be seriously ill and die sooner from cancer, heart disease, stroke and diabetes.
- Although we have made good progress in reducing smoking levels, smoking continues to be our number one health threat and contributor to premature death and disability. Although there are fewer pregnant women who smoke, Wisconsin's percentage is higher than the average elsewhere in the U.S., threatening the health and even the lives of babies. Wisconsin youth are more likely to smoke than their counterparts elsewhere although this percentage has also dropped
- There are serious disparities in health care access and outcomes for people based on their race or ethnicity, income or address. Infant mortality by race is one example of these disparities where African-Americans have rates that are about three times higher than whites.
- After a long period of declining rates of new HIV infections, our progress in prevention seems to have slowed.
- Far too many children continue to be victims of abuse and neglect, lead poisoning and other serious threats to their well-being.

Let us join together to reach our goals – Wisconsin becoming the nation's healthiest state, and a place where every child can grow up safe, healthy and successful.

Sincerely,



Helene Nelson
Secretary

Foreword

This report provides information on the health and well-being of Wisconsin citizens. It also informs stakeholders and citizens about the performance of health and social programs in Wisconsin. It was prepared at the direction of the Secretary of the Department of Health and Family Services to improve program monitoring and management through use of performance outcome data. The report was prepared by staff in the Program Evaluation and Audit Section of the Office of Strategic Finance with the input and cooperation of staff in many of the Department's programs.

Each of the four report sections measures Wisconsin's performance over time generally reflecting the period covering 1993 to the most recent year data are available. Report sections include: Population/Health Status and Access, Women and Children, Youth, and Elderly/Disabled. Where available, Wisconsin data are also compared to national data.

Preceding these four sections is an overview of the profiles. This overview summarizes the change in each indicator for Wisconsin and compares Wisconsin to the U.S. average.

In the future, the Health and Well-Being Report will be incorporated into the Department's Annual Status Report charting progress in implementing Healthiest Wisconsin 2010. The report will be available on the DHFS website and will be updated as new data becomes available. This new report will be organized around 11 health priorities.

Inquiries concerning this report should be directed to the Program Evaluation and Audit Section, Office of Strategic Finance, Wisconsin Department of Health and Family Services, PO Box 7850, Madison WI 53707-7850. Questions or comments can be addressed to: Tim Tyson, (608) 266-9336, tysonjtj@dhfs.state.wi.us or Patrick Cooper, (608) 267-2846, coopepw@dhfs.state.wi.us.

The report is available on the Department's website at <http://dhfs.wisconsin.gov.aboutdhfs/>.

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Health and Well-Being of Wisconsin Citizens

An Overview of the Profiles

POPULATION/HEALTH STATUS AND ACCESS

U.S. Average

77.2 years
(2001)

33%
(2003)

25%
(2003)

22%
(2002)

23%
(2003)

22%
(2003)

65.4 deaths per
100,000 population <65
(2001)

46.9 deaths per
100,000 population <65
(2001)

Wisconsin

Life Expectancy at Birth



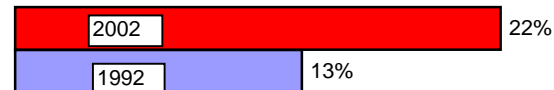
Percent High Cholesterol



Percent High Blood Pressure



Percent Obese



Percent No Exercise



Adult Smoking



Non-Geriatric Mortality: Cancer



Non-Geriatric Mortality: Heart Disease



POPULATION/HEALTH STATUS AND ACCESS continued

7.6 deaths per
100,000 population <65
(2001)

Non-Geriatric Mortality: Stroke



7.1 deaths per
100,000 population <65
(2001)

Non-Geriatric Mortality: Diabetes



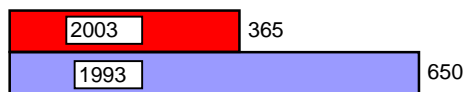
10.7 deaths per
100,000 population
(2001)

Suicide Rate



N/A

Number of New HIV Cases



294 cases per
100,000 population
(2002)

Rate of Reported Chlamydia Cases



25 abortions per
100 births
(2000)

Abortion Rate



NA

Percent Uninsured



84%
(2002)

Percent First Trimester Prenatal Care



WOMEN AND CHILDREN

28%
(2001)

Percent Single Parent Families



7.6 marriages per
1,000 population
(2003)

Marriage Rate



3.8 divorces per
1,000 population
(2003)

Divorce Rate



11.4%
(2002)

Percent Smoking During Pregnancy



7.8%
(2002)

Percent Low Birth Weight



7.0 deaths per
1,000 births
(2002)

Infant Mortality



79%
(2003)

Vaccination Completion level



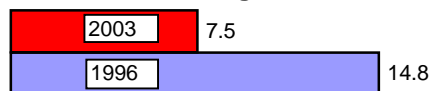
3.1%
(2001)

Percent Elevated Blood Lead



11.6 cases per 1,000
population <18
(2001)

Child Abuse/Neglect Rates



WOMEN AND CHILDREN continued

NA

Domestic Abuse Reports



YOUTH

43 births per
1,000 population 15-19
(2003)

Teen Birth Rate



22%
(2003)

Youth Smoking



45%
(2003)

Youth Alcohol Use



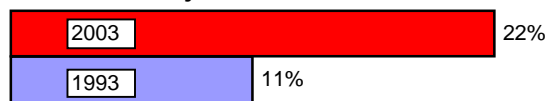
12%
(2003)

Youth Drinking/Driving



22%
(2003)

Youth Marijuana Use



4%
(2003)

Youth Cocaine Use



133 arrests per
100,000 population <18
(2001)

Youth Violent Arrests



67.2%
(2003)

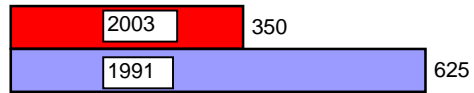
High School Graduation Rate



ELDERLY/DISABLED

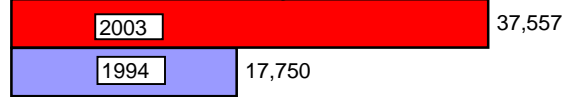
332 residents per
1,000 population 85+
(2001)

Nursing Home Residents



NA

Number of Community LTC Clients



6.7 cases per 1,000
population 60+
(1996)

Elder Abuse Report Rate

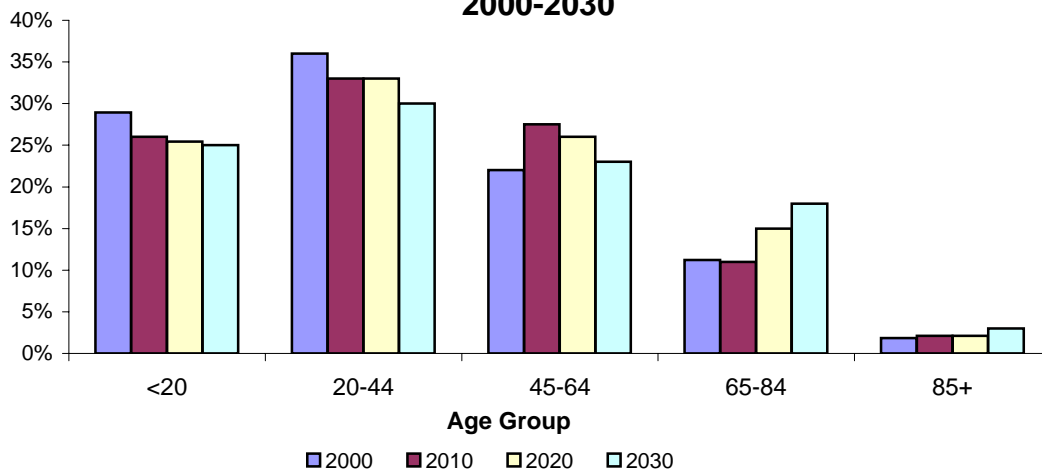


157.0 deaths per
100,000 population 65+
(2001)

Influenza and Pneumonia Mortality



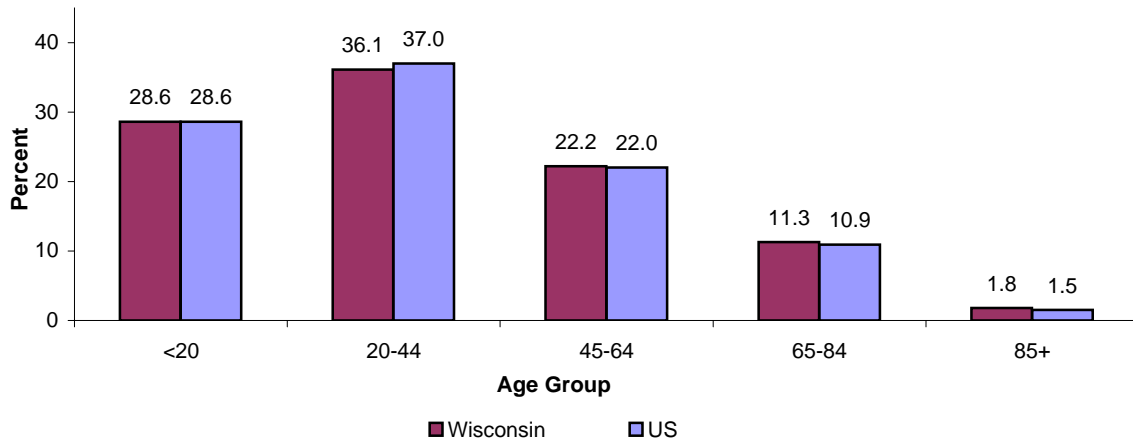
Wisconsin Population Projections by Age Cohort 2000-2030



In Wisconsin, 28 of every 100 people are children and youth under age 20; twice as many (58) are working-age adults age 20 to 64; and the remaining 13 people are elderly aged 65 and over. Percentage-wise, the young population under age 20 is decreasing, as is the younger adult population age 20 to 44. This trend will continue for the next 30 years. On the other hand, the middle age adult population (age 45-64) is increasing. It will continue to increase rapidly (relative to other age groups) in the next ten years, but will decrease during the following twenty years. However, this decrease will be more than offset by an expected upsurge of elderly population during the 2010s and 2020s. Among the elderly population, the proportion of those aged 65-84 will remain pretty stable during the next ten years, before increasing dramatically the following twenty years. The proportion of the older elderly age 85+ will increase from 1.8% in 2000 to a projected 2.5% in 2030.

Source: 1) U.S. Census Bureau, Census 1990 and 2000. 2) Wisconsin Population Projections by Age and Sex: 2000-2030, Wisconsin Department of Administration, Demographic Services Center. January 2004.

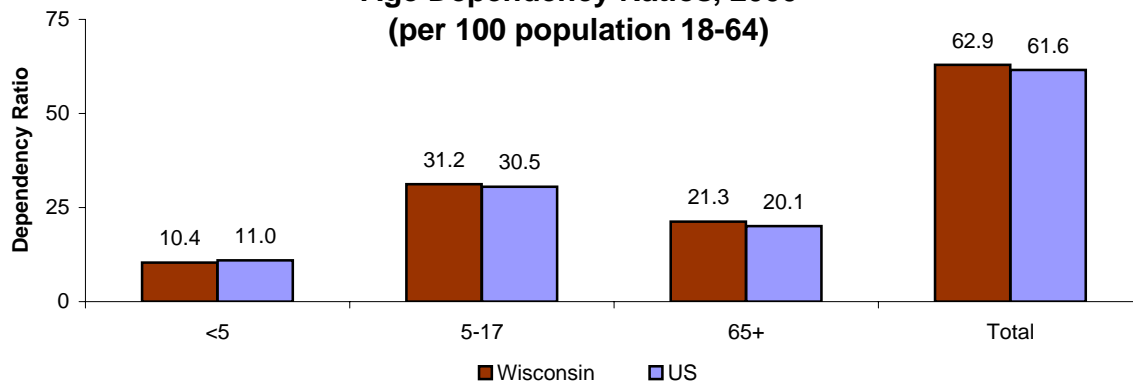
Age Distribution of Population: Wisconsin and the U.S., 2000



Wisconsin's population is slightly older than that of the U.S. The median age of Wisconsin's population was 36 years in 2000, compared to 35.3 years for the nation. Wisconsin's median age in the 1990 Census was 32.9 and thus has increased over three years in the last decade.

Age dependency ratios are often used to gauge the relationship between the size of the non-working age population to the working age population.

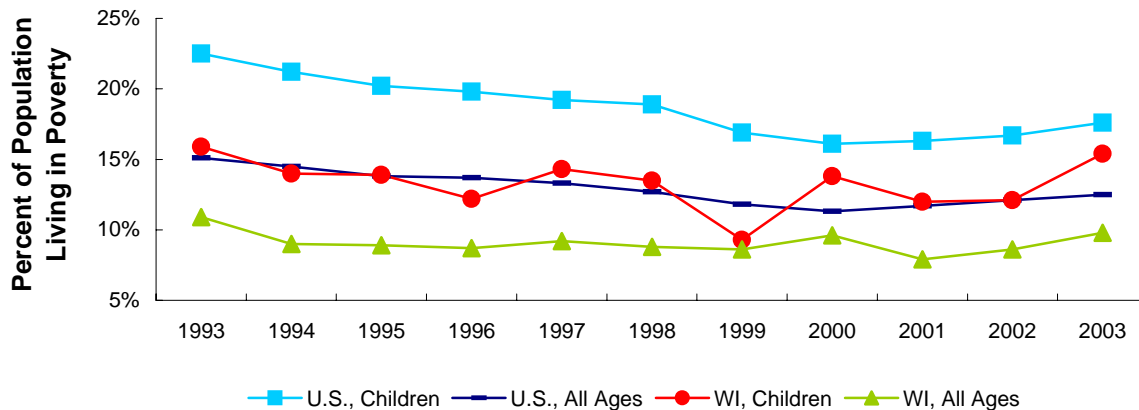
Age Dependency Ratios, 2000 (per 100 population 18-64)



Wisconsin has a higher total dependency ratio than the U.S. due to higher dependency ratios for school age children 5-17 and retirement age persons 65 and over. Wisconsin's dependency ratio, which is now 62.9 non-working age persons for every 100 working age persons, is projected to be 68.9 in 2020 and 80.7 in 2030.

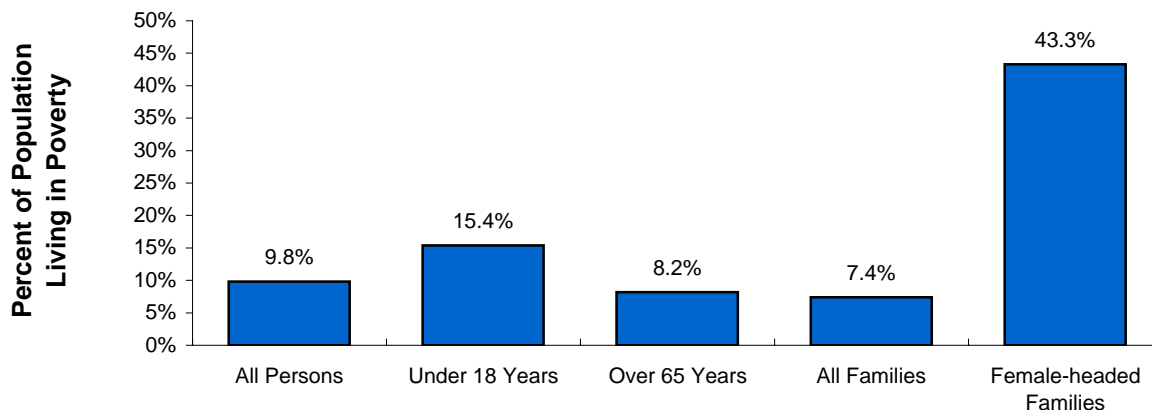
Source: U.S. Census Bureau, Census 2000.

Wisconsin and U.S. Poverty Rates, 1993-2003



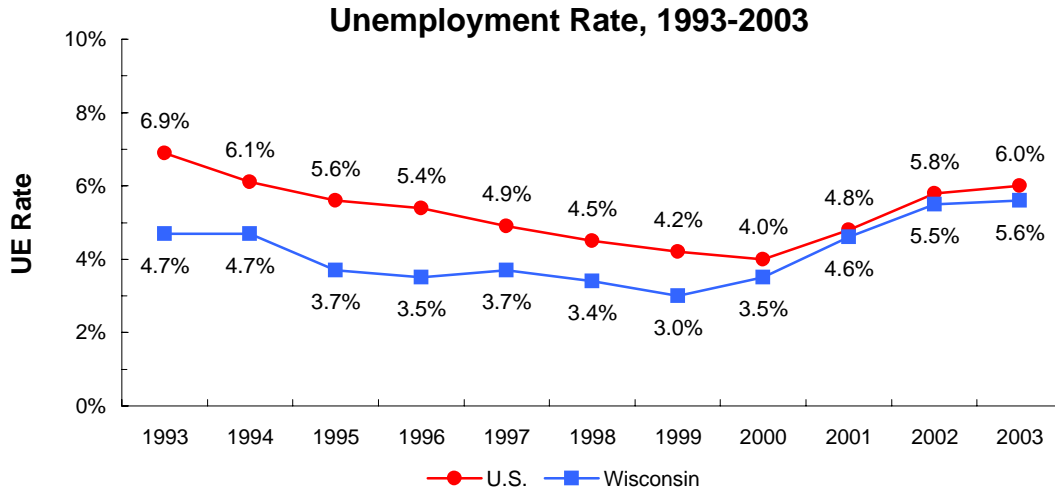
Poverty levels have increased in the last couple of years but the rates are similar or slightly lower than they were 10 years ago. In 2003, 9.8% of all Wisconsin residents had incomes below the poverty level and 15.4% of children were in families with incomes below the poverty level. The U.S. percentages were higher -- 12.5% for all persons and 17.6% for children.

2003 Poverty Rates for Selected Wisconsin Populations

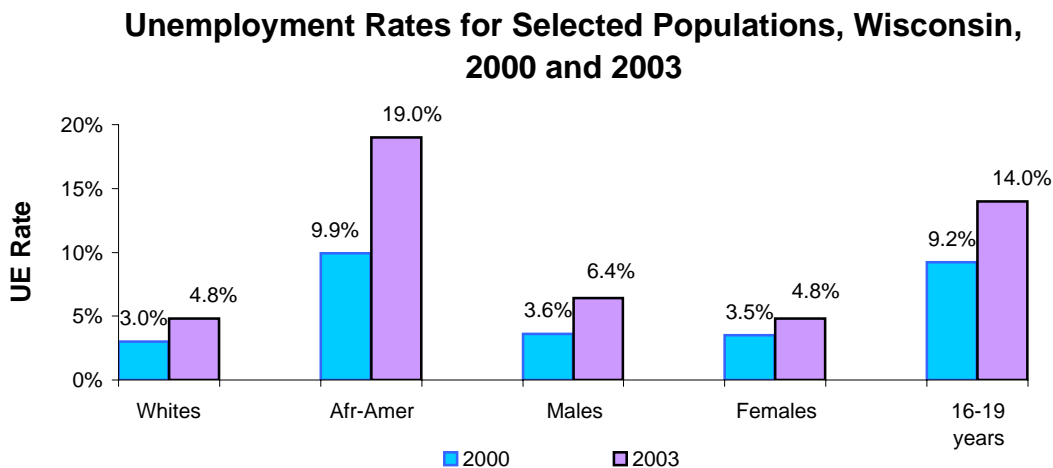


Just over 43% of female-headed families had incomes below the poverty level in 2003. Persons 65 and over have the lowest percentage in poverty of any of the major age groups.

Source: U.S. Census Bureau, Current Population Reports



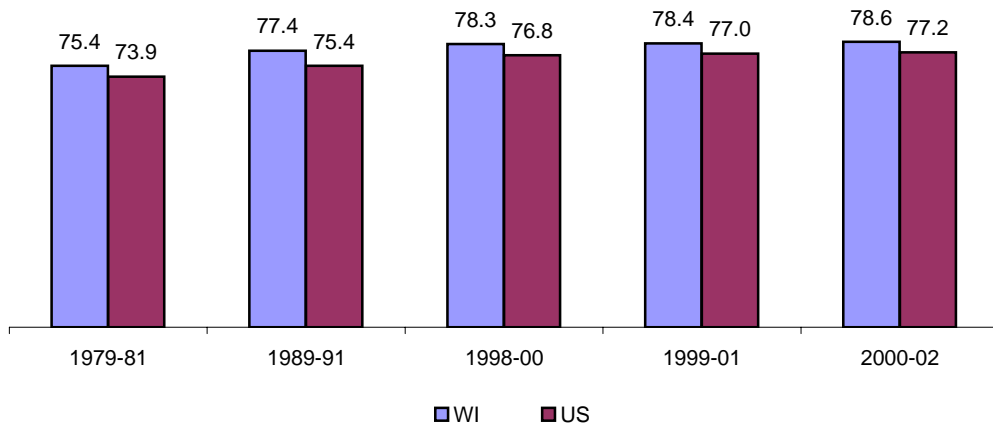
The unemployment rate dropped for both Wisconsin and the U.S. during the 1990s. The Wisconsin unemployment rate during the 1990s averaged about 1 1/2 percentage points lower than the U.S., but now the two rates are much closer. The Wisconsin 1999 unemployment rate of 3.0 percent was the lowest since 1957. Since then, however, unemployment has risen in the state, increasing to 5.6% in 2003. Although the unemployment rate has risen in recent years, it is still below Wisconsin's long term (50 year) historic average of 5.9%.



Wisconsin's unemployment rate has increased for all the population groups noted in the above table from 2000 to 2003. Unemployment is particularly high for African-Americans and teenagers 16-19 years old.

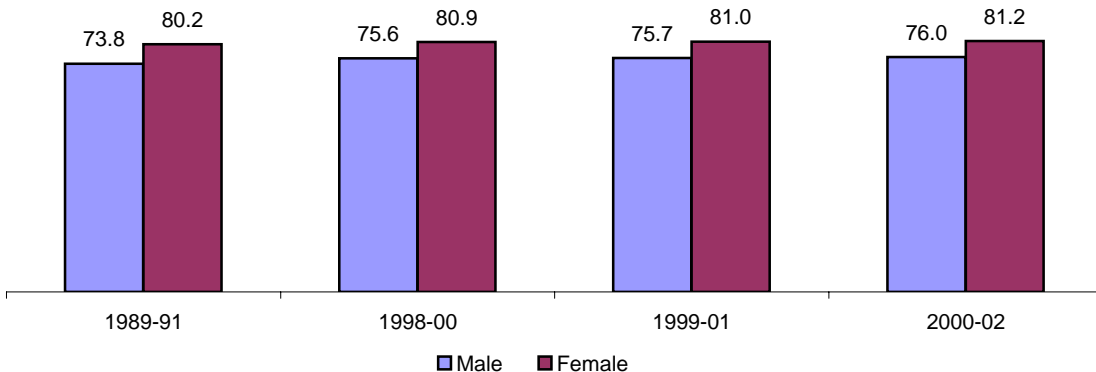
Source: U.S. Bureau of Labor Statistics, Geographic Profile of Employment and Unemployment.

Life Expectancy at Birth Wisconsin and U.S., 1980-2001



Life expectancy at birth in Wisconsin is 1.4 years longer than the U.S. average. Only 10 states have longer life expectancy than Wisconsin according to data by the federal government. From 1979-81 to 2000-02 Wisconsin's life expectancy increased by over three years. Gains in life expectancy have been attributed to advances in medical technology, new medications, and improved preventive health practices.

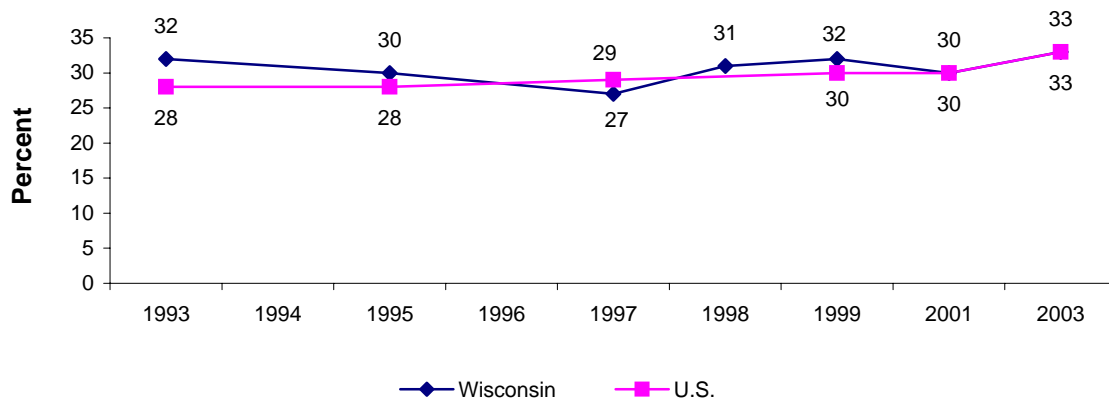
Life Expectancy at Birth by Sex, Wisconsin



Although women in Wisconsin live an average 5.2 years longer than men (2000-02), the gap has narrowed by just over one year since 1989-91.

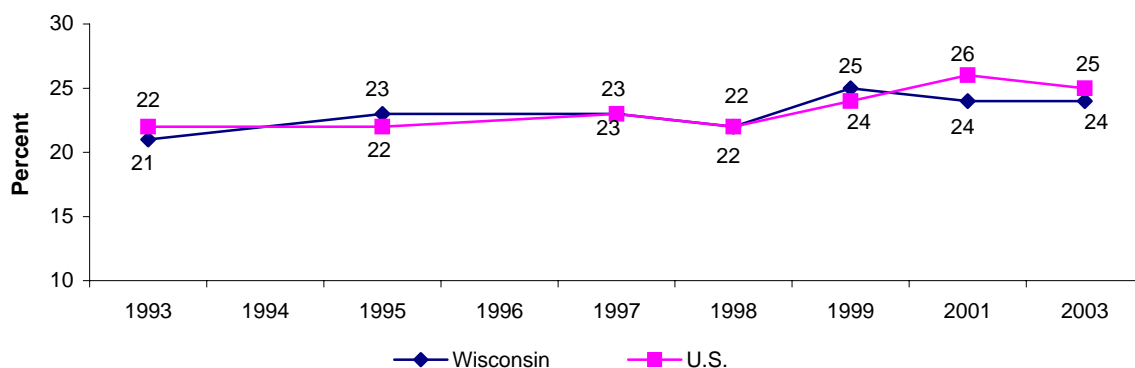
Sources: National Vital Statistics Report, Vol. 50, No. 6, March 21, 2002. Centers for Disease Control and Prevention/National Center for Health Statistics. Wisconsin's figures are from the Bureau of Health Information and Policy, DPH, DHFS. Note that the Wisconsin and U.S. methodologies for calculating life expectancy produce slightly different results.

Percent of Screened Adults Who Have Ever Been Told That Their Blood Cholesterol is High, 1993-2003



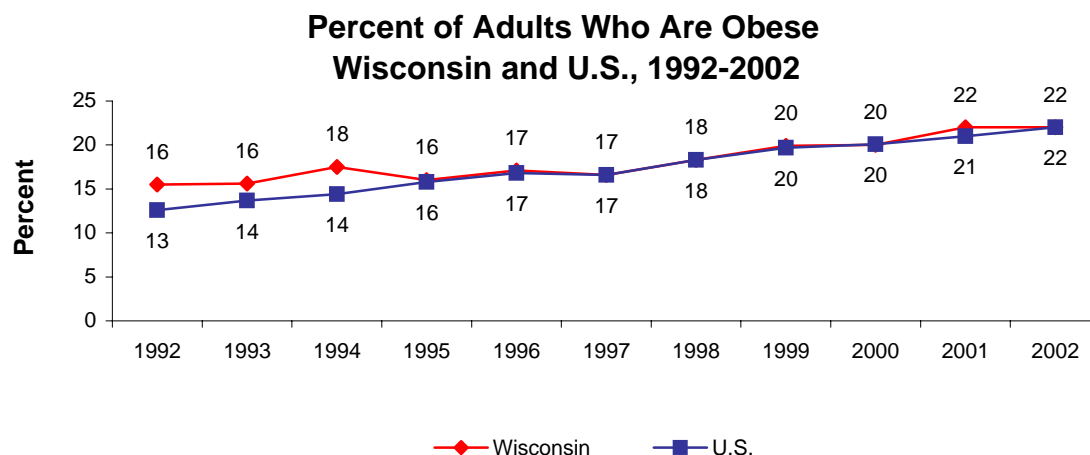
One third of Wisconsin adults who have had their cholesterol level screened have ever been told by a health care professional that they have high cholesterol. This percentage has changed little over the last 10 years. The U.S. percentage has increased from 28 percent to 33 percent during this same 10 year period.

Percent of Adults Who Have Ever Been Told That They Have High Blood Pressure, 1993-2003

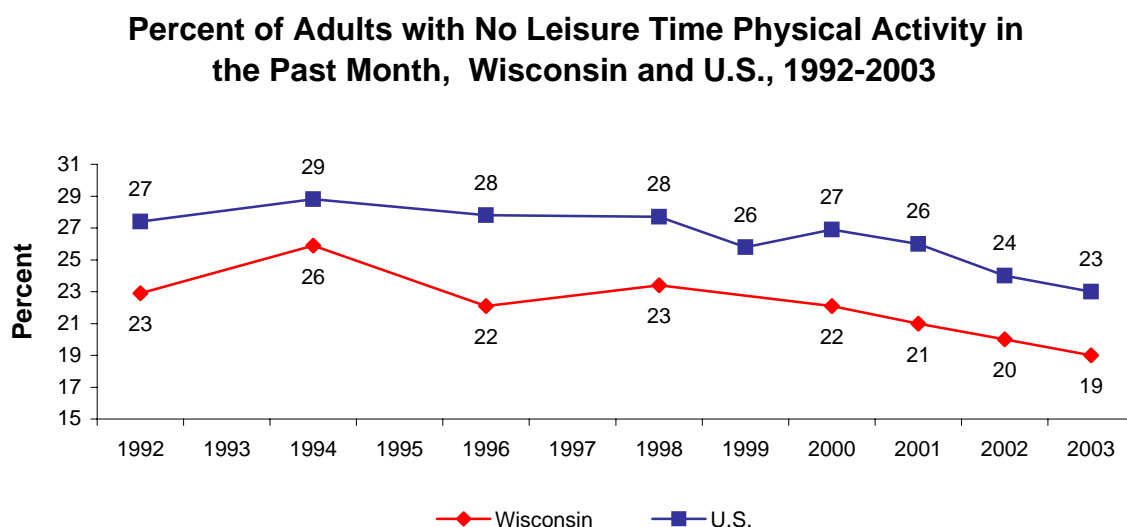


A similar percentage of adults in Wisconsin (24 percent) and the U.S. (25 percent) report that they have ever been told by a health care professional that they have high blood pressure. That percentage has increased slightly in the last 10 years.

Source: Behavioral Risk Factor Surveillance System. Note: Not all states report every year.



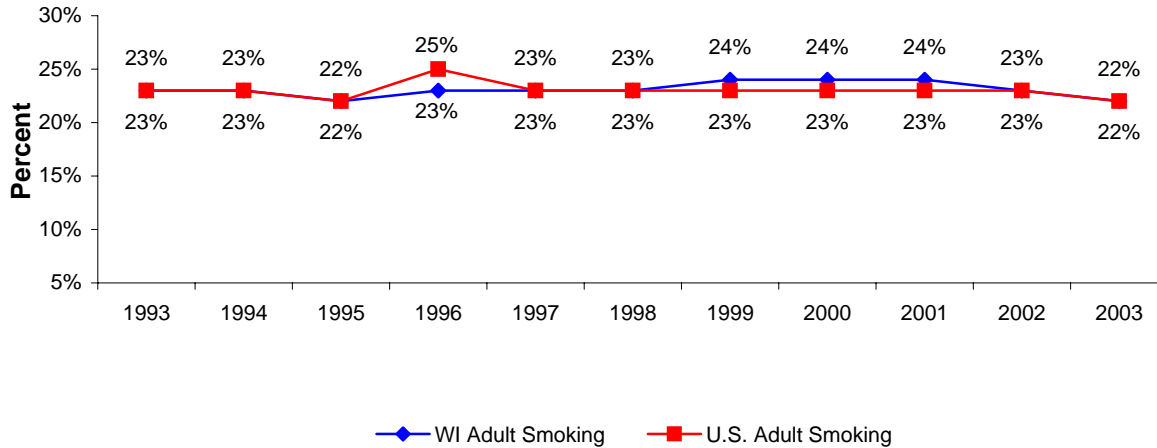
An excessive score on Body Mass Index (BMI) is a measure of obesity. The percent of the population that is obese has increased considerably over the decade. In 1992, 16% of Wisconsin adults were obese. In 2002, the percent had risen to 22%. Wisconsin adults were slightly more likely to be obese by this measure early in the decade than were U.S. adults. In more recent years, however, the percent obese by this measure has been very similar for Wisconsin and the U.S.



A higher percent of U.S. adults reported no leisure time physical activity in the past month than did Wisconsin adults, and this difference is fairly consistent from 1992 to 2003. The percent with no leisure time physical activity in the past month has declined slightly in the decade. In 2003, 19 percent of Wisconsin adults reported no leisure time physical activity in the past month, compared to 23 percent in 1992.

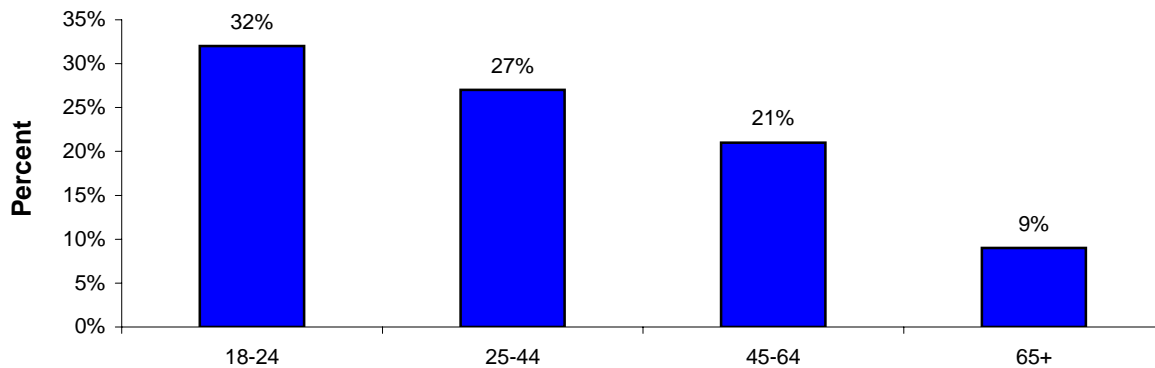
Source: Behavioral Risk Factor Surveillance System. Note: Not all states report every year.

Adult (Persons over 18) Smoking Wisconsin and the U.S. 1993-2003



Adult smoking levels are similar for Wisconsin and the U.S. and have changed little from 1993 to 2003.

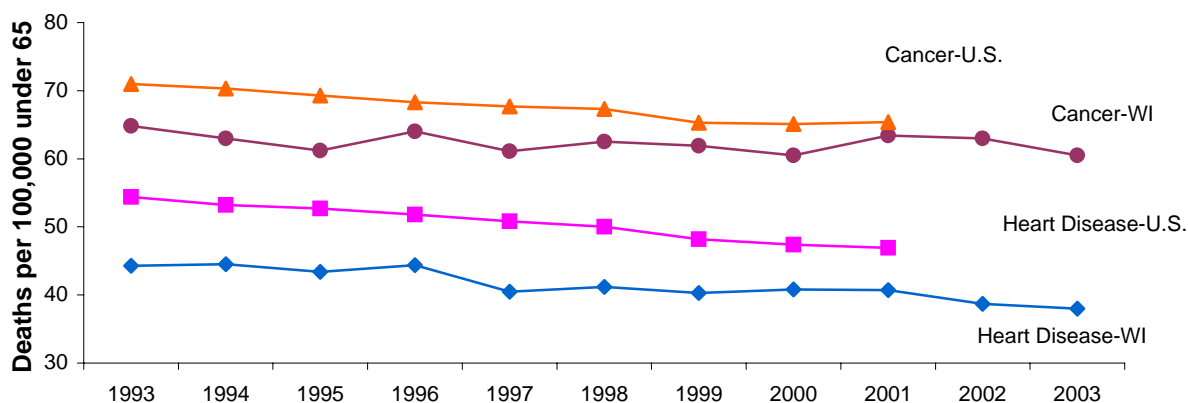
Adult Smoking by Age, Wisconsin, 2003



Adult smoking levels decline with age. Almost one-third of 18-24 year olds smoke whereas only 9% of persons 65 and over smoke. Although not shown here, smoking levels are 50% higher for African-Americans (31%) compared to whites (21%), and three times higher for persons not completing high school (32%) compared to college graduates (11%).

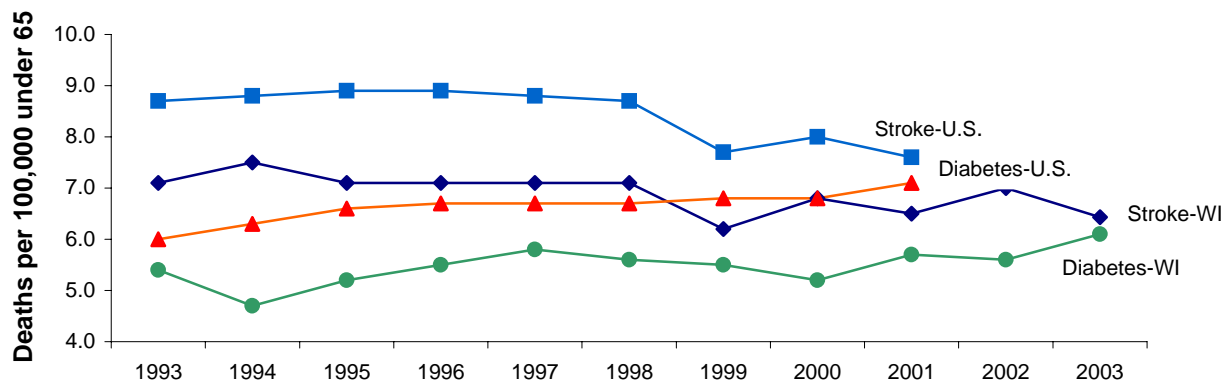
Source: Behavioral Risk Factor Surveillance System.

Non-Geriatric Mortality Rates for Heart Disease and Cancer, Wisconsin and the U.S. 1993-2003



Wisconsin's death rates for cancer and heart disease for persons under 65 are lower than the U.S. average, and both have declined since 1993.

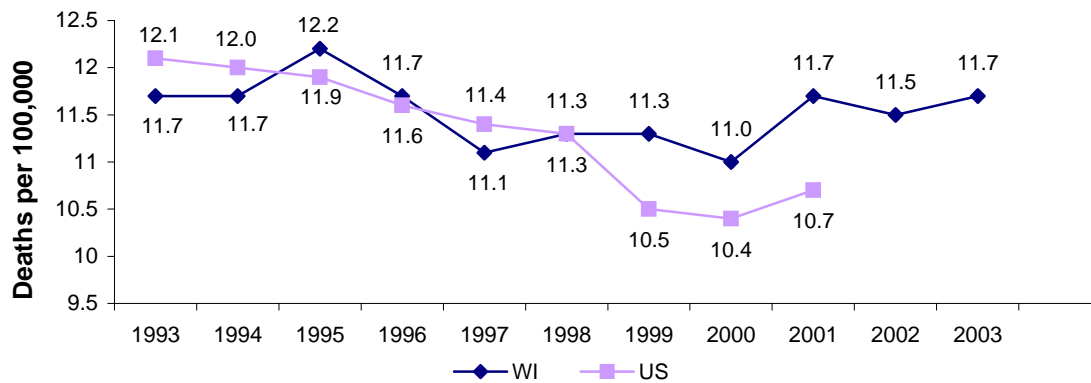
Non-Geriatric Mortality Rates for Stroke and Diabetes Wisconsin and the U.S. 1993-2003



Death rates for stroke and diabetes are also lower in Wisconsin than in the U.S. Diabetes mortality in Wisconsin has increased since 1993 while stroke mortality has remained at fairly constant levels.

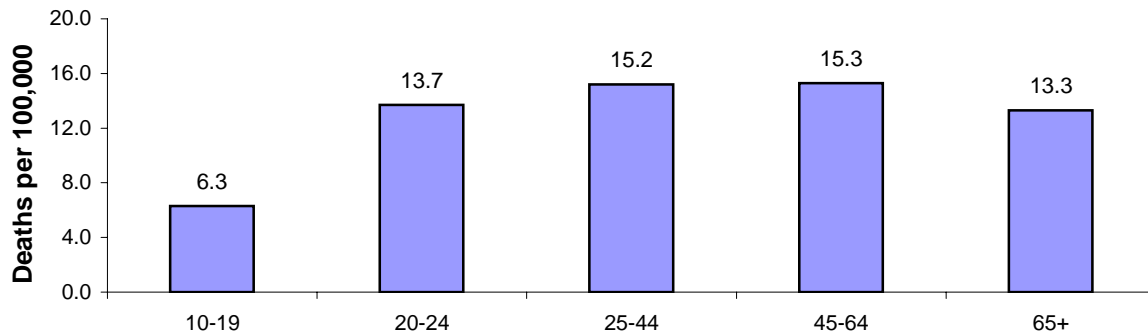
Sources: CDC Wonder System, Centers for Disease Control and Prevention; and Wisconsin Deaths. Bureau of Health Information and Policy, DHCF, DHFS.

Suicide Death Rates Wisconsin and the U.S., 1993-2003



Suicide rates in Wisconsin have dropped slightly in the last 10 years and Wisconsin's rate has been higher than the U.S. rate in recent years.

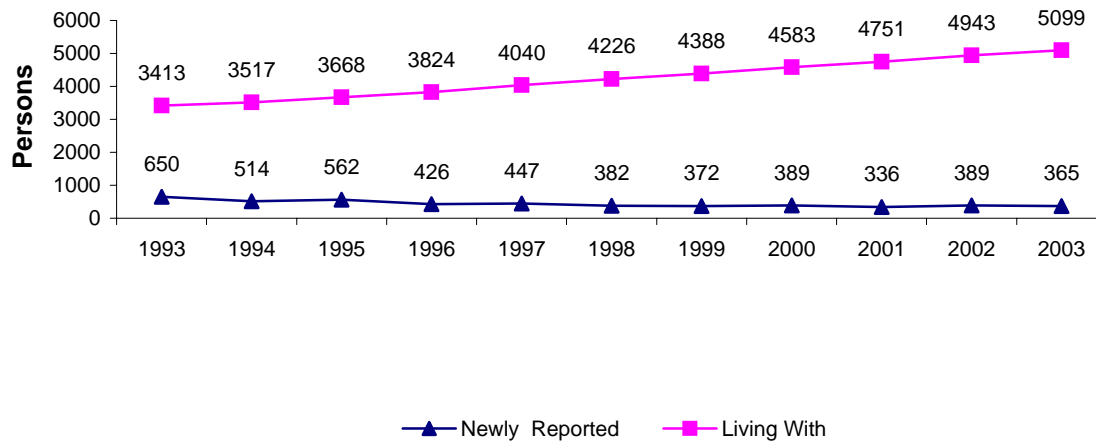
Suicide Death Rates (Deaths per 100,000 population) by Age, Wisconsin, Three Year Average (2001-2003)



Suicide rates in Wisconsin by age for the three year period 2001-2003 were highest for persons 45-64, followed closely by persons 25 to 44.

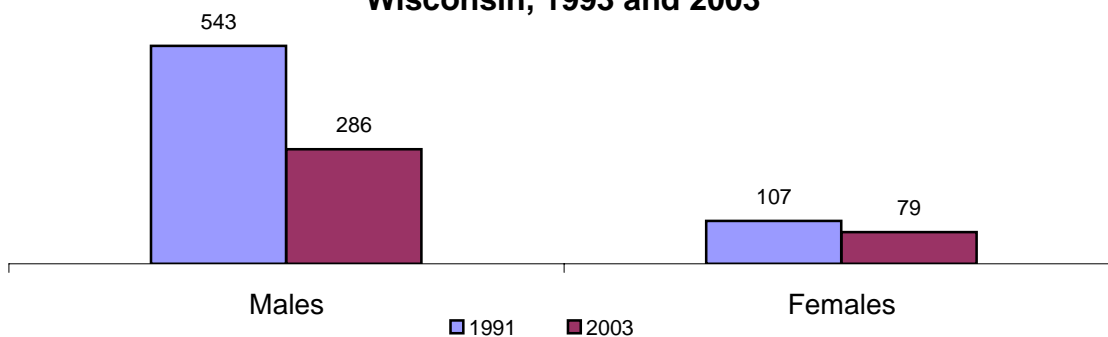
Source: CDC Wonder System, Center for Disease Control and Prevention and Wisconsin Deaths, Bureau of Health Information and Policy, DHCF, DHFS.

Persons Newly Reported and Living Cases with HIV Infection in Wisconsin, 1993-2003



While the total number of cases of HIV infection has been increasing each year, the number of new infections declined steadily from 1993 to 1999. Since then, however, the number of new cases has been relatively constant. New treatments have slowed the progression from HIV to AIDS and from AIDS to death for people infected with HIV. The total number of infected persons in the United States is estimated to be from 800,000 to 900,000, and approximately 40,000 new infections occur each year. The decline noted in Wisconsin in new infections may not be true nationally; rather, HIV diagnoses are thought to have remained relatively stable.

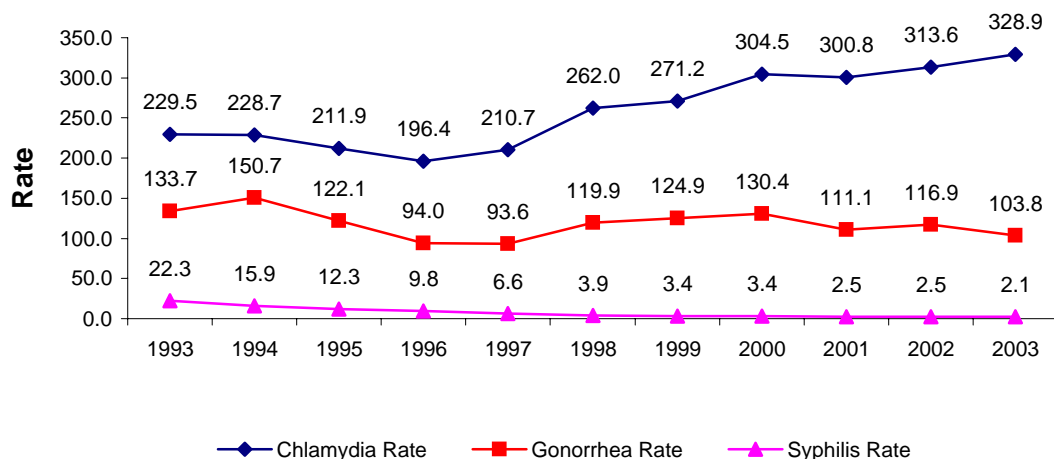
Persons Newly Reported with HIV Infection by Sex in Wisconsin, 1993 and 2003



Although males account for three-fourths of new HIV cases, from 1993 to 2003 the number of males newly reported with HIV infection dropped by 47% while the number of females reported dropped by 28%.

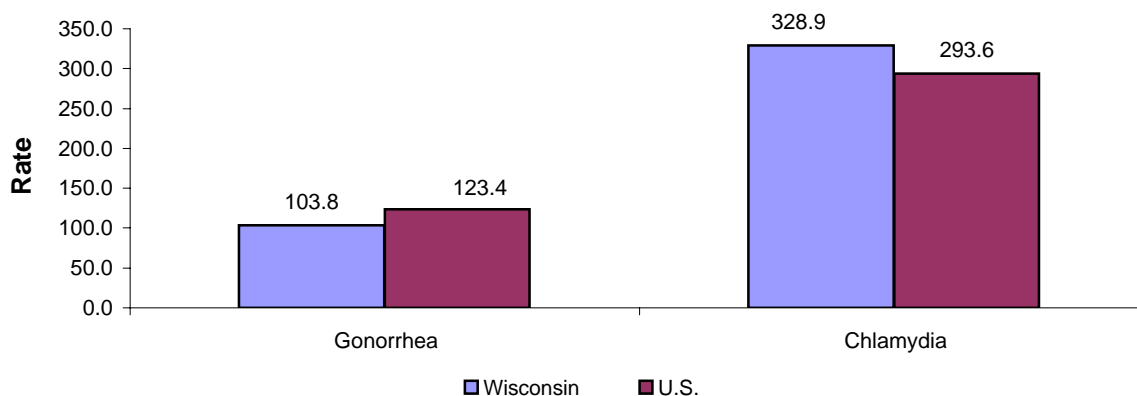
Sources: The Epidemic of HIV Infection in Wisconsin: A Review of Case Surveillance Data Collected Through 2003, DPH, DHFS; Trends in the HIV and AIDS Epidemic, 1998 published by the CDC.

Rate of Chlamydia, Gonorrhea, and Syphilis in Wisconsin, 1993-2003 (Rates per 100,000 Population)



Reported cases of gonorrhea and syphilis have generally declined in the past decade in Wisconsin while chlamydia, after dropping for much of the decade has risen in recent years. Chlamydia, which is the most frequently occurring reportable sexually transmitted disease, increased by 21 percent in the last five years and 43 percent in the last 10 years.

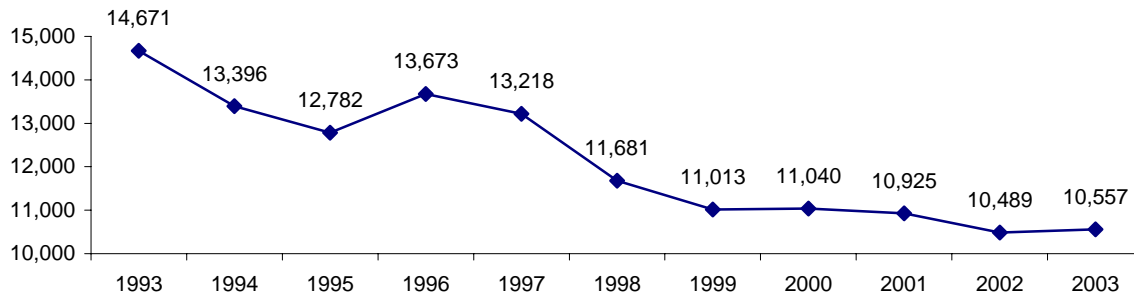
Rate of Gonorrhea and Chlamydia in Wisconsin, 2003 and the U.S., 2002 (Rates per 100,000 Population)



In 2003 Wisconsin had 104 cases of gonorrhea per 100,000 population compared to the (2002) U.S. rate of 123. Wisconsin's 2003 chlamydia rate was 329; the (2002) U.S. rate was 294.

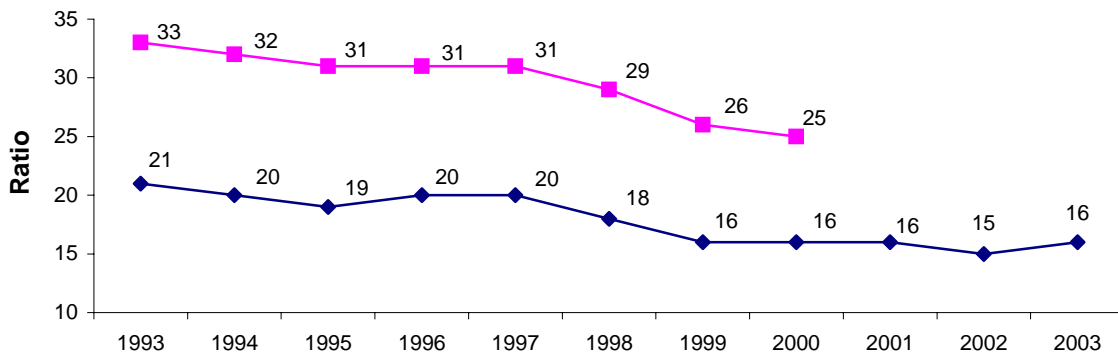
Sources: Wisconsin Sexually Transmitted Diseases, 2000 Spring Seminars; the 2002 Scorecard; CDC Internet site: CDC WONDER/PC Data File; Sexually Transmitted Disease Surveillance, 2002, CDC, Division of STD Prevention.

Number of Reported Induced Abortions Occurring in Wisconsin, 1993-2003



In 2003 in Wisconsin there were 10,557 induced abortions reported. This is a 28 percent drop from the 14,671 induced abortions reported in 1993. Over half (57%) of Wisconsin abortions occur within eight weeks of gestation and only seven percent in 16 or more weeks.

Ratio of Reported Induced Abortions to Births Occurring in Wisconsin and the U.S. , 1993-2003



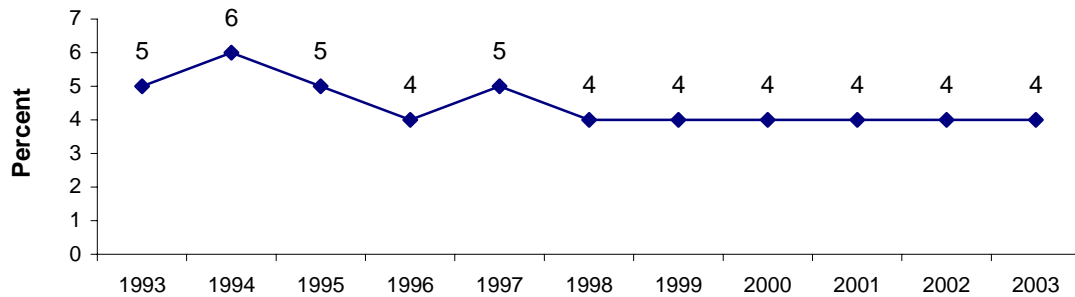
The ratio is the number of reported induced abortions occurring per 100 live births.

—◆— Wisconsin ratio —■— U.S. ratio

As a ratio to births, in 2003 Wisconsin had 16 induced abortions for every 100 births. This compares to an estimated national average of 25 (in 2000). Wisconsin's rate of abortions in 2002 (15) was the lowest since reporting began in 1987.

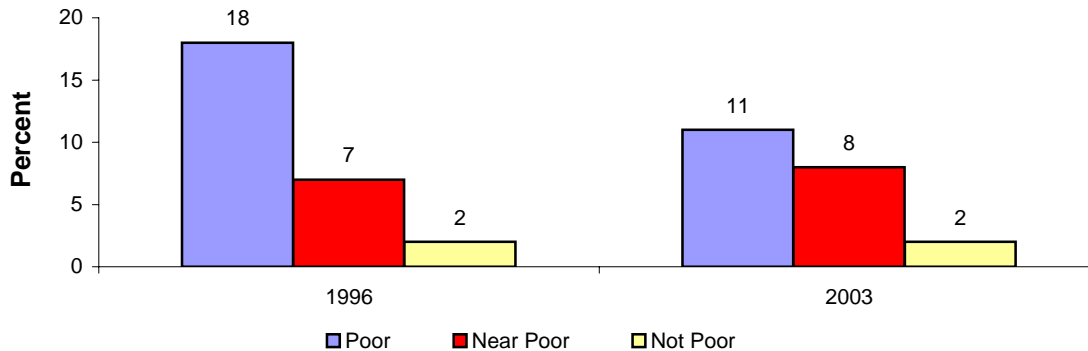
Sources: Reported Induced Abortions in Wisconsin 2003, Bureau of Health Information and Policy, DHFS.

Percent of the Population Uninsured All Year in Wisconsin, 1993-2003



In 2003 only 4 percent of the population was without health insurance for the entire year. This percentage is unchanged from the previous five years and slightly lower than 1993. Historically, the percent uninsured in Wisconsin has been one of the lowest of any state.

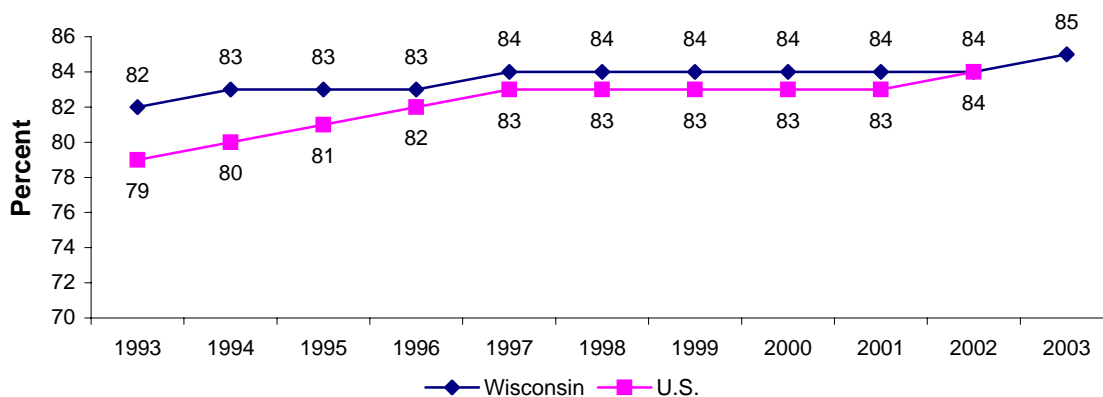
Percent Uninsured by Poverty Status, 1996 and 2003



The percent uninsured varies considerably by poverty status. For the poor, the percent uninsured all year was 11 percent in 2003, while it was 18 percent in 1996, while it was 8 percent for the near poor, and only 2 percent for those in the group "not poor." Compared to 1996, the percent uninsured dropped for the poor while remaining about the same for the other two groups.

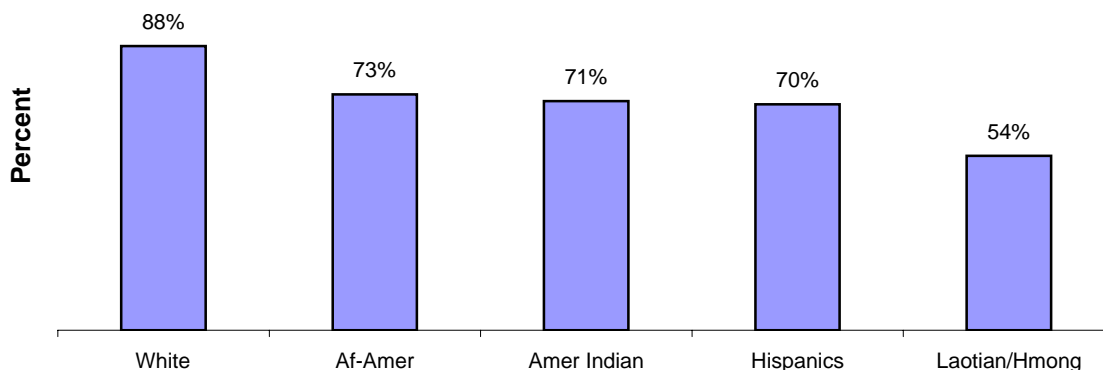
Source: Wisconsin Family Health Survey, Bureau of Health Information and Policy, Department of Health and Family Services.

Percent of Births to Women Who Received Prenatal Care During the First Trimester, Wisconsin and U.S., 1993-2003



Wisconsin women are equally likely as U.S. women to receive prenatal care in the first trimester. The U.S. and Wisconsin rates converged during the first half of the 1990s but have changed little in the last five to six years. In Wisconsin, the percent receiving prenatal care in the first trimester was 82% in 1993 and 85% in 2003. The U.S. average has improved from 79% in 1993 to 84% in 2002.

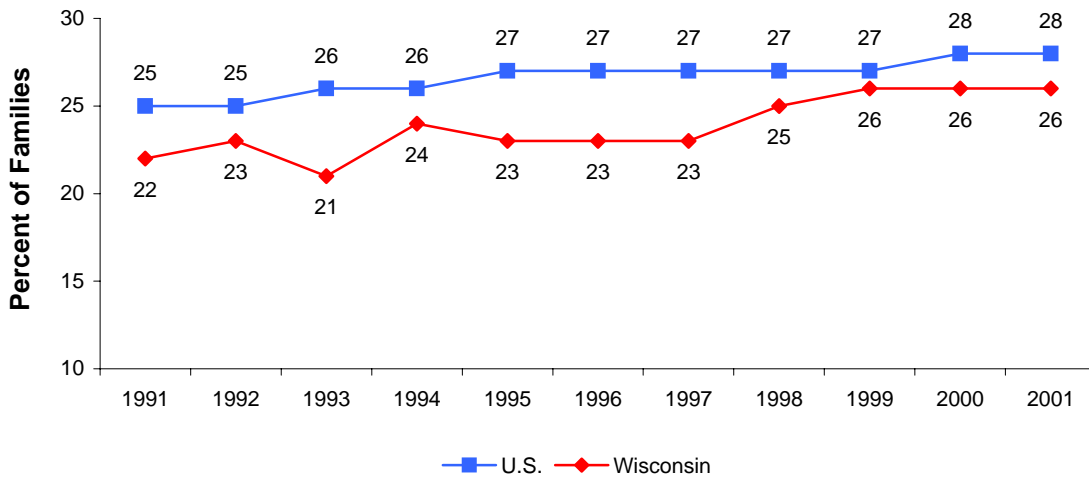
Receipt of Prenatal Care in the First Trimester by Race, Wisconsin, 2003



The receipt of first trimester prenatal care varies by race with 88% of Whites receiving care in the first trimester compared to 73% of African-Americans, 71% of American Indians, 70% of Hispanics and 54% of Laotian/Hmong in 2003.

Sources: All Wisconsin data from the Bureau of Health Information and Policy, DHFS; U.S. data from the Statistical Abstract of the United States, and from the National Vital Statistics Reports, Vol. 52, No. 10.

Percent of Families with Children Headed by a Single Parent, United States & Wisconsin, 1991-2001

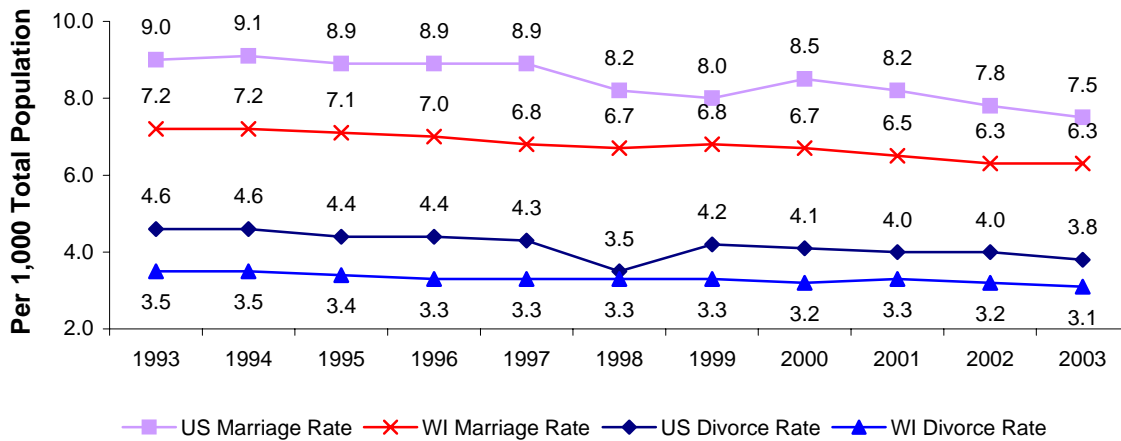


The percent of families headed by a single parent in Wisconsin increased from 22% in 1991 to 26% in 2001. Although Wisconsin's percentage has consistently remained lower than the national average, the difference has decreased considerably. Wisconsin had the 11th lowest percentage in the nation in 2001.

Although not shown on this graph, the number of male-headed single parent families is growing at a much greater rate than female-headed single parent families.

Sources: 2004 Kids Count Online, the Annie E. Casey Foundation.

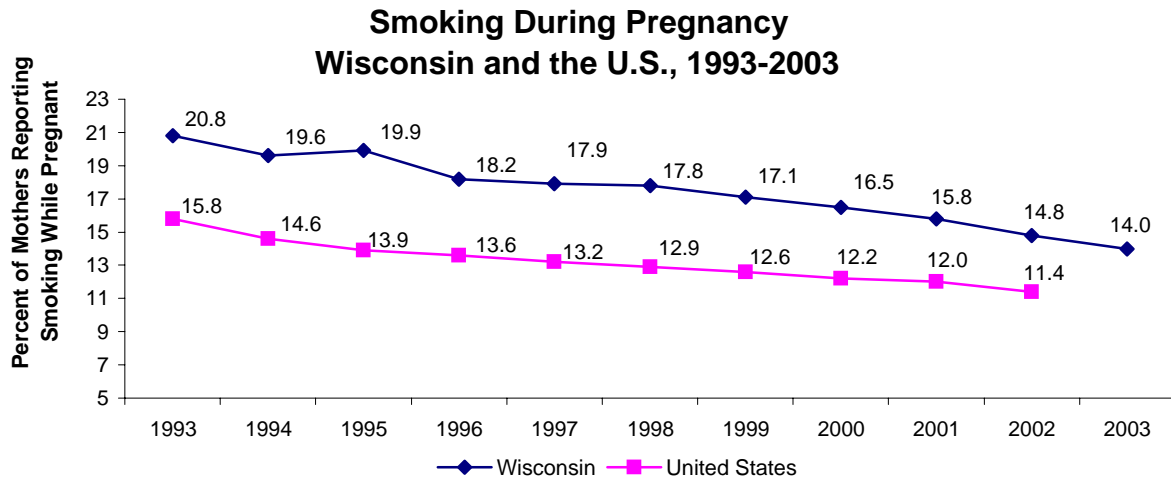
Marriage & Divorce Rates, United States & Wisconsin, 1993-2003



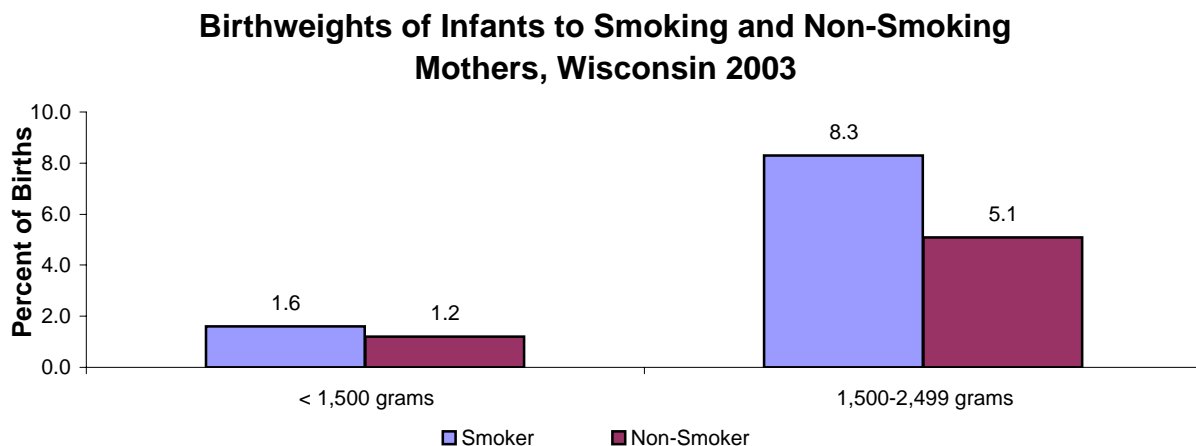
Marriage and divorce rates in Wisconsin have been consistently lower than the national rates for more than 80 years. Although this graph begins with 1993, the marriage rate has steadily declined since 1980 when it was 8.7. The divorce rate has also dropped, although at a slower pace than the marriage rate, since 1980 when it was 3.7. In 2003, the marriage rate was 6.3 marriages per 1,000 population and was about twice the rate of divorces (3.1).

The median age at which people marry for the first time has gradually increased since 1960. The average age was 24.8 for women and 26.4 for men in 2003. Fifty-four percent of all Wisconsin divorces in 2003 involved families with children under 18 years old. An average of 1.8 children were affected by each divorce.

Sources: Bureau of Health Information and Policy, DHFS, Wisconsin Marriages and Divorces 2003. National Vital Statistics Reports, Vol. 2, No 22. (U.S. data for 2003 are provisional).



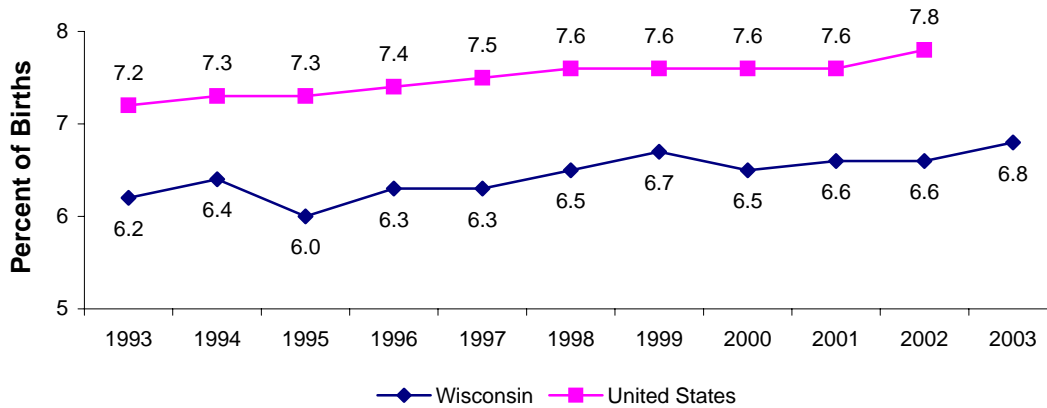
The percent of Wisconsin women who reported smoking during their pregnancy has decreased from 20.8 percent in 1993 to 14.0 percent in 2003. The rate of smoking during pregnancy is higher for Wisconsin than for the country as a whole. Nationwide, the smoking rate for pregnant women was 11.4 percent in 2002. Cigarette smoking during pregnancy can cause slow fetal growth and low birthweight. It has also been shown to increase the chances of miscarriage and premature birth and some research has indicated that infants of mothers who smoke have a higher rate of death from Sudden Infant Death Syndrome.



A birthweight of less than 1,500 grams is considered to be very low, and a birthweight of 1,500 to 2,499 grams is considered to be low. In 2003 in Wisconsin, 1.6 percent of women who smoked while pregnant had very low birthweight infants and 8.3 percent had low birthweight infants. Of women who did not smoke, 1.2 percent had very low birthweight infants and 5.1 percent had low birthweight infants.

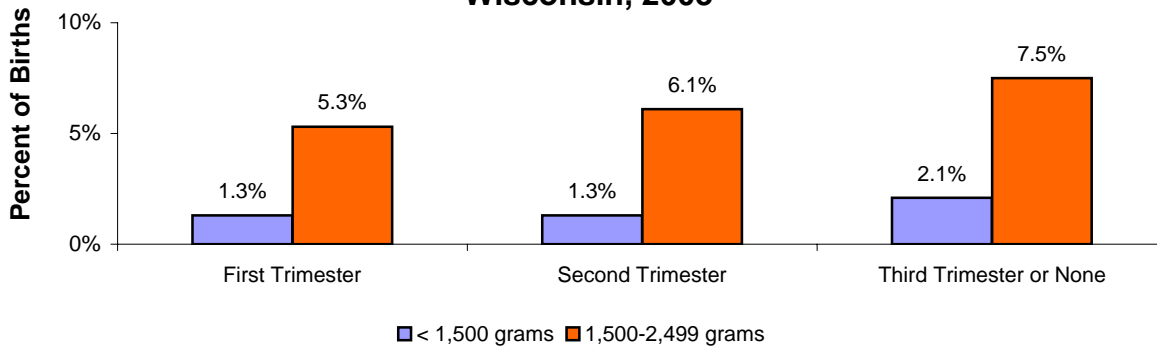
Sources: All Wisconsin data from the Bureau of Health Care Information and Policy, DHFS; US data from National Center for Health Statistics, CDC. Note that this data is based on fewer than 50 states as some states did not report this measure for all years.

Low Birthweight, Wisconsin and the U.S., 1993-2003



The low birthweight (less than 2,500 grams) rate for Wisconsin has increased from 6.2 percent of all births in 1993 to 6.8 in 2003. The national low birthweight rate has increased from 7.2 percent to 7.8 percent in 2002. Wisconsin has had a consistently lower rate of low birthweight than the overall U.S. The increase in the incidence of low birthweight at the national level has been attributed in part to an increase in multiple births, for which low birthweight is more common than in single deliveries.

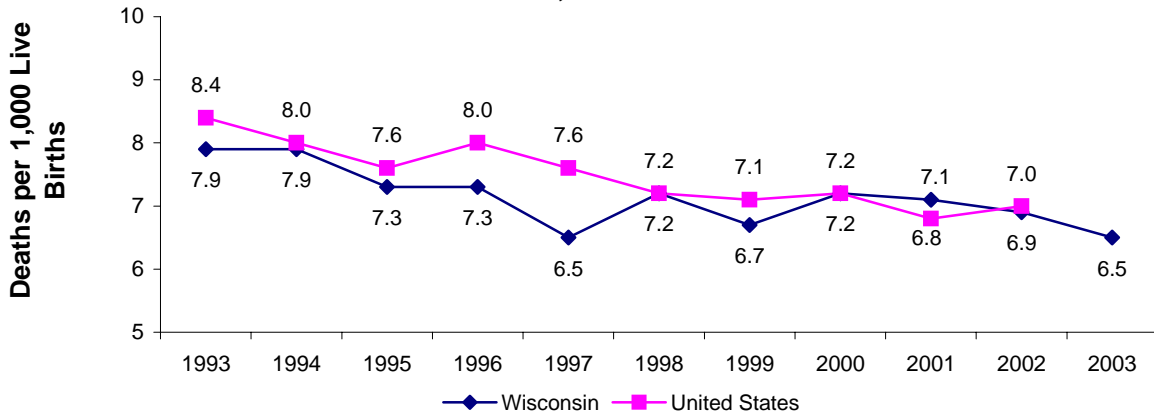
Low Birthweight Incidence by Start of Prenatal Care Wisconsin, 2003



Insufficient or late prenatal care tends to increase the incidence of low birthweight. Low birthweight is especially likely for infants of women who receive no prenatal care. In 2003, 1.3 percent of Wisconsin women who received prenatal care starting in their first trimester delivered very low birthweight infants (less than 1,500 grams), and 5.3 percent delivered low birthweight infants (1,500 to 2,499 grams). For women who received third trimester or no prenatal care, the incidence of very low birthweight was 2.1 percent, and of low birthweight was 7.5 percent.

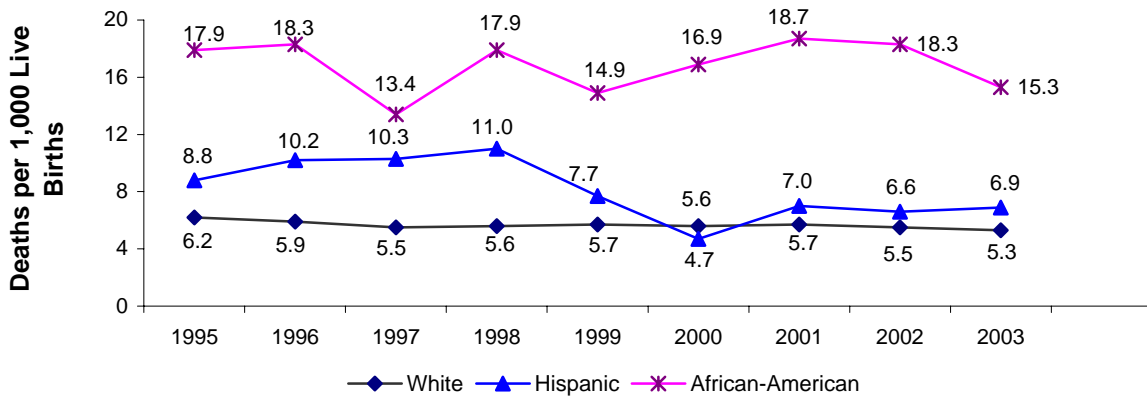
Sources: All Wisconsin data from the Bureau of Health Care Information and Policy, DHFS; US data 1990-96 from KidsCount 1999; US 1997-2002 from National Center for Health Statistics, CDC.

Infant Mortality, Wisconsin and the U.S., 1993-2003



The infant mortality rate for Wisconsin in 2003 was 6.5 deaths per 1,000 live births, down from 6.9 deaths in 2002. The national rate in 2002 was 7.0 deaths per 1,000 live births, up from 6.8 in 2001.

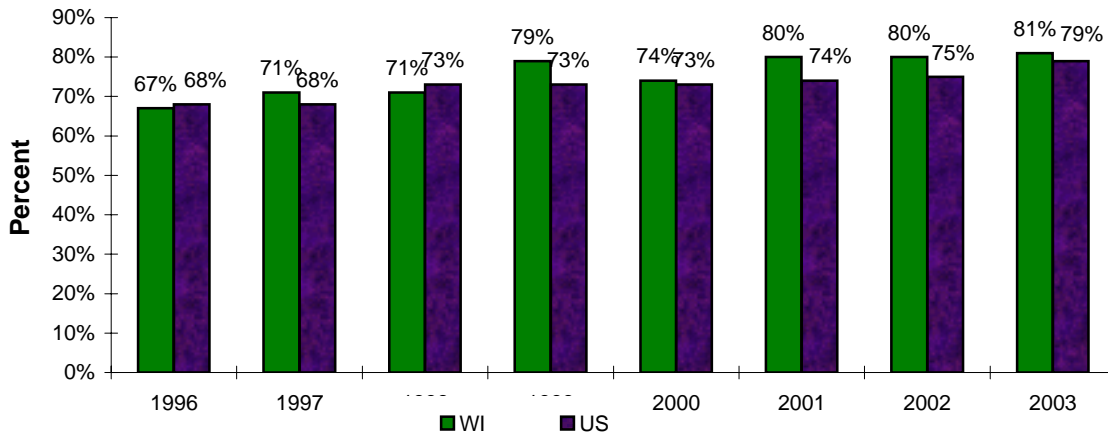
Infant Mortality by Race Wisconsin, 1995-2003



Infant mortality rates vary by race. African-Americans generally have the highest infant mortality rates in Wisconsin, while Whites have generally had the lowest. In 2003, the African-American infant mortality rate was 15.3 deaths per 1,000 live births in Wisconsin, down from 18.3 in 2002 and the lowest since 1999. The rate for Whites was 5.3 deaths per 1,000 live births in 2003, while the rate for Wisconsin's Hispanic population was 6.9 deaths. On the national level, the infant mortality rates for Hispanics (5.6 in 2002) and non-Hispanic Whites (5.9 in 2002) have been roughly equivalent, but the rate for African-Americans has been consistently higher (14.3 in 2002).

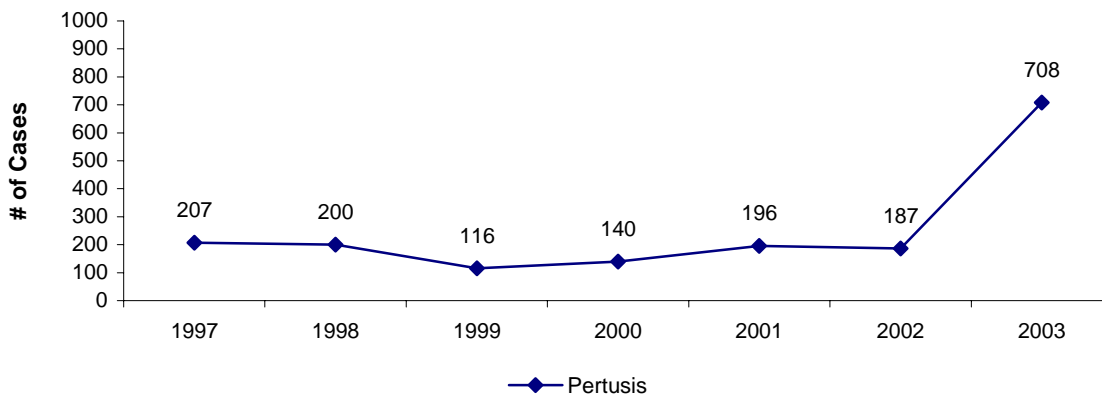
Source: All Wisconsin data from the Bureau of Health Care Information and Policy, DHFS; US data 1990-96 from KidsCount 1999; US 1997-2002 from National Center for Health Statistics, CDC.

Rate of Completion for Primary Vaccinations (4:3:1:3:3) Among 2 Year Olds, Wisconsin and United States, 1996-2003



The graph above shows the rate at which two-year old children have received the complete series of recommended vaccinations to protect against measles, mumps, rubella, tetanus, pertussis (whooping cough), diphtheria, polio, influenza B, and hepatitis B. Wisconsin's vaccination rate has been higher than the national average for the last five years.

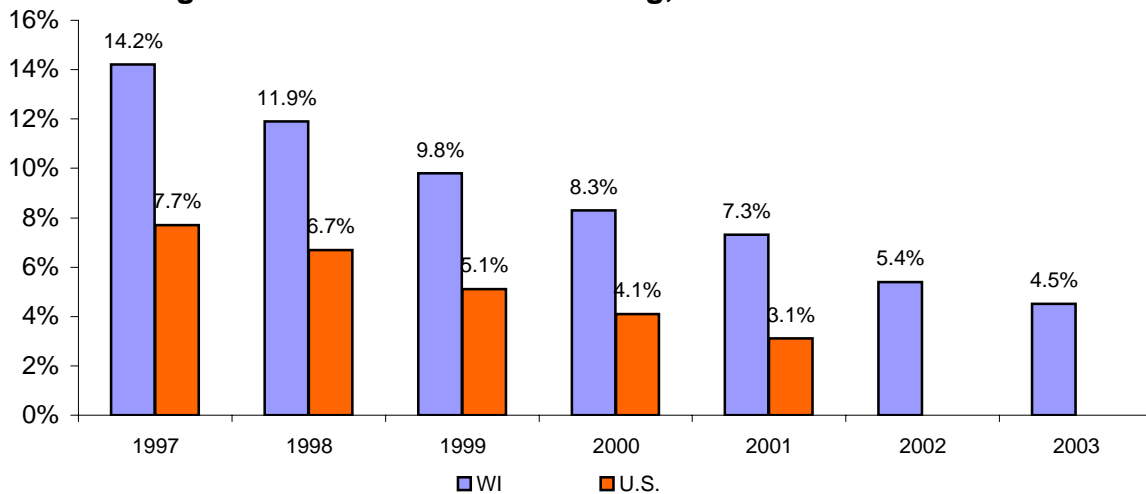
Pertussis (Whooping Cough) Cases, Wisconsin 1997-2003



Fewer than five cases each of measles, mumps, and rubella were reported in Wisconsin from 1997 through 2003. However, the reported cases of pertussis (whooping cough) increased from an average of 175 per year during the period 1997-2002 to 708 in 2003. There have been 3, 832 reported cases in 2004 (through November 2, 2004). The initial vaccination for pertussis loses potency with time; hence, most reported cases occur among older children and adults.

Sources: National Immunization Survey, CDC; and Wisconsin Division of Public Health.

Elevated Blood Lead Levels for Children under Six Years of Age Screened for Lead Poisoning, Wisconsin and the U.S.

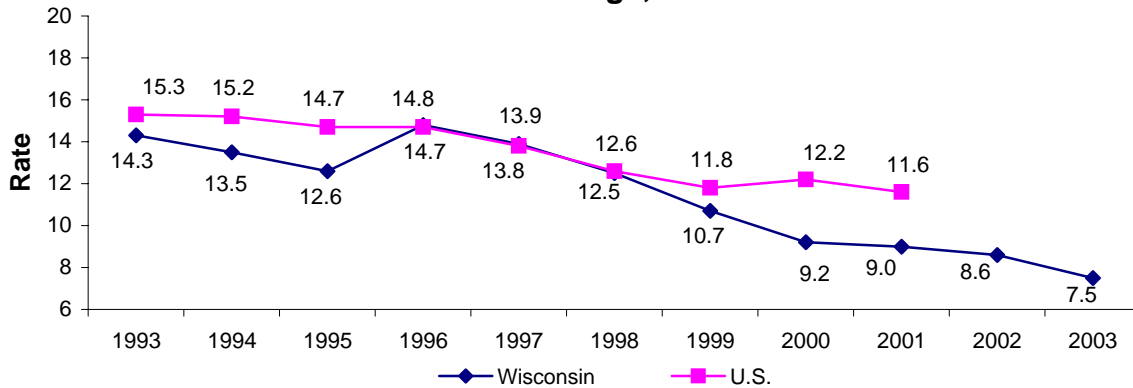


For Wisconsin children under six years of age who were screened for lead poisoning, the percentage with elevated levels declined from 14.2% in 1997 to 4.5% in 2003. This result is likely due to various preventive measures including the rehabilitation of housing that often accompanies positive screening, and to the construction of new housing free of lead hazards.

The most recent national data for children under six years of age show elevated levels declining from 7.7% of children tested in 1997 to 3.1% of children tested in 2001. Preventive measures, the construction of new housing, and the demolition and rehabilitation of older housing are the most likely factors causing recent declines in lead poisoning.

Sources: Data from Wisconsin Childhood Lead Poisoning Prevention Program, Division of Public Health, Department of Health and Family Services, U.S. Centers for Disease Control and Prevention, Childhood Blood Lead Surveillance sample data reported for 43 states and the District of Columbia, 1999-2001.

Rate of Child Abuse and Neglect Victimization per 1000 Children Under 18 Years of Age, Wisconsin and the U.S.

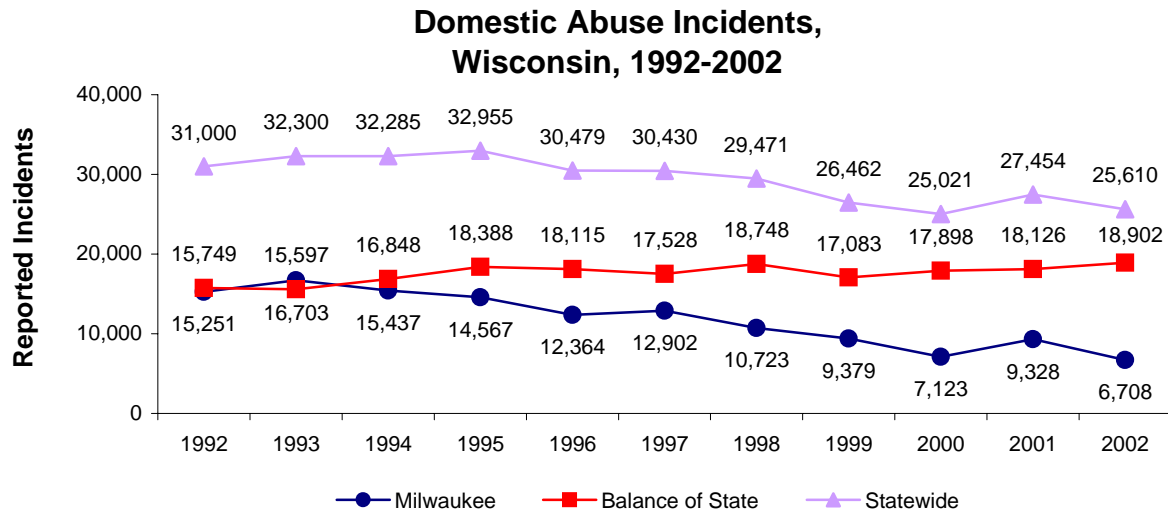


Note: Wisconsin's 2003 rate is preliminary.

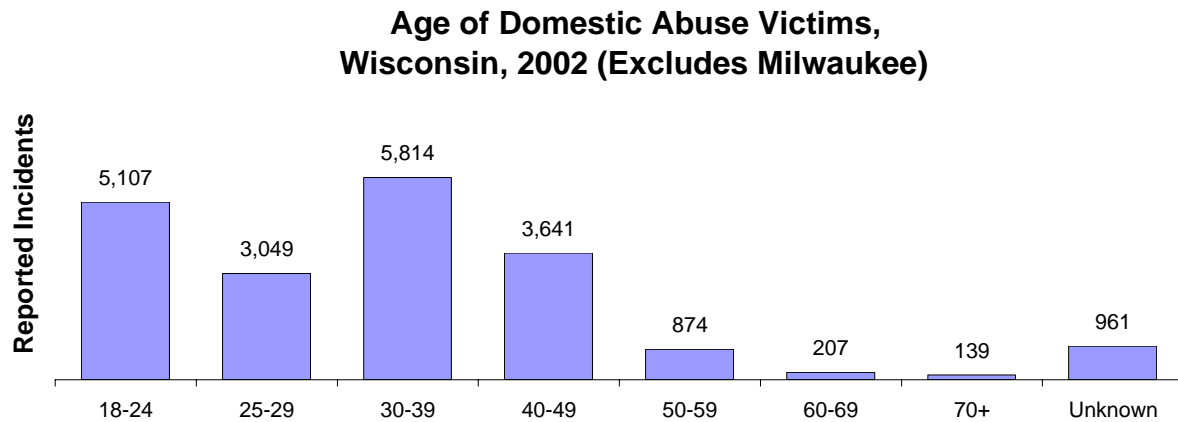
The rate of child abuse and neglect victimization (substantiated cases plus cases in which abuse/neglect was found likely to occur) in Wisconsin continued to decrease to 7.5 per 1000 children in 2003. This represents a 48% decline in the rate of child abuse and neglect since 1996. National averages for victimized children have followed a similar trend, decreasing gradually during the late 1990s and then leveling off somewhat.

Improvements in the child abuse and neglect data collection system in Wisconsin beginning in 1996 make it difficult to compare pre-1996 data to 1996-2003 data.

Sources: Wisconsin Child Abuse and Neglect Reports, Bureau of Programs and Policies, DCFS, DHFS
U.S. data from the National Child Abuse and Neglect Reporting System.



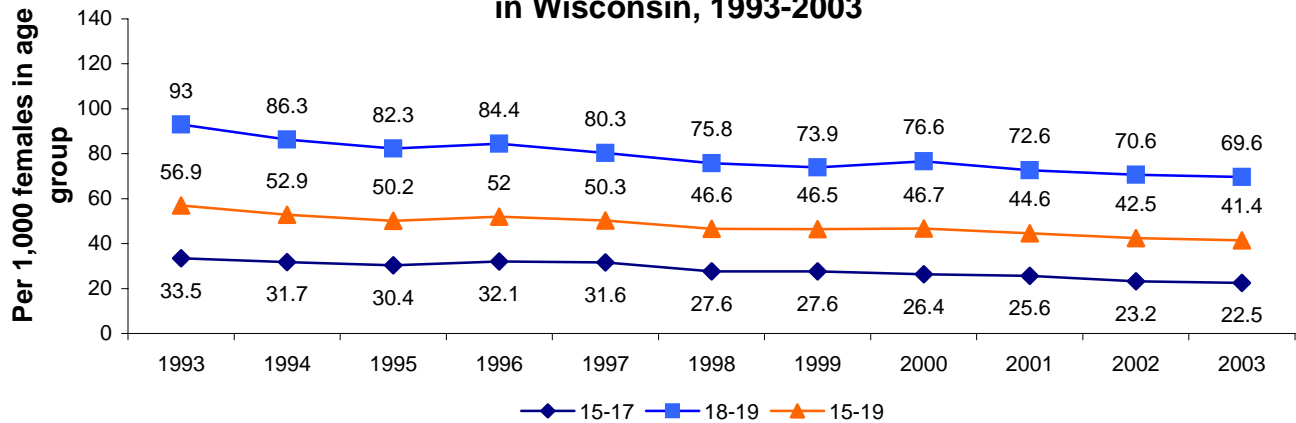
There were 25,610 incidents of domestic abuse reported in 2002, 17 percent lower than the number reported in 1992. This decrease is due to a decline in incidents reported in Milwaukee County. Domestic abuse incidents for the balance of the state have increased over the last ten years.



Persons 18-24 and 30-29 have the greatest number of domestic abuse incidents. However, persons of any age may be victimized, as the graph shows. Other data not shown here reveal that the majority of victims are Caucasian females, ages 18-39, whose relationship to the offender is most often that of spouse or cohabitant.

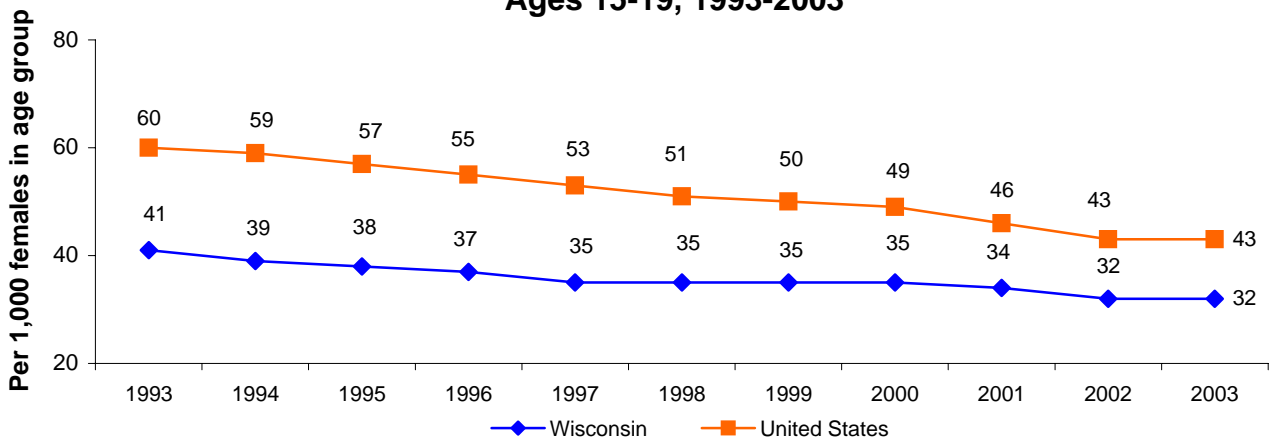
Source: Domestic Abuse Incident Report, Wisconsin Dept. of Justice, Office of Crime Victim Services.

Estimated Teen Pregnancy Rates by Age Group in Wisconsin, 1993-2003



Teen pregnancy rates have declined since the early 1990's. Wisconsin's 18-19 year olds consistently have the highest rates of pregnancy among teens. The pregnancy rate of 18-19 year olds dropped about 25% between 1993 and 2003. The pregnancy rate of 15-17 year olds dropped 33%, from 33.5 per 1,000 females in 1993 to 22.5 in 2003. Overall, the pregnancy rate for 15-19 year olds decreased 27% from 56.9 per 1,000 in 1993 to 41.4 in 2003. The pregnancy rate is an estimate based on the number of live births, reported fetal deaths, and reported induced abortions.

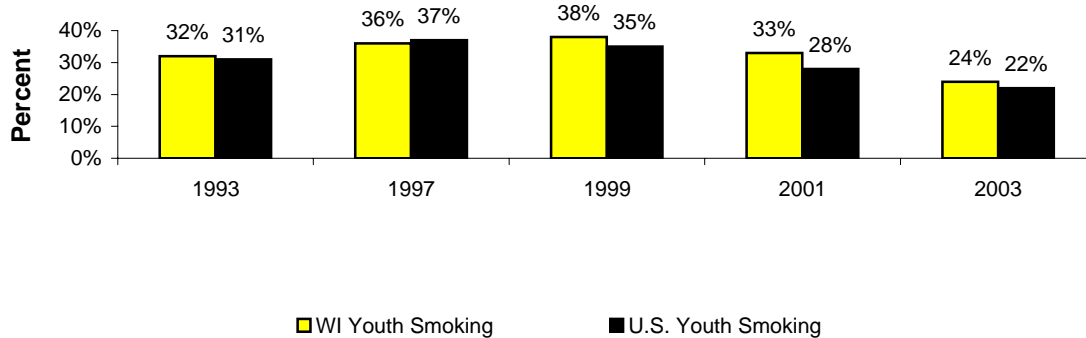
Wisconsin and United States Teen Birth Rates Among Ages 15-19, 1993-2003



Wisconsin rates of teen births have been consistently lower than national rates. From 1993 to 2003, the rate of teen births in Wisconsin dropped from 41 births per 1,000 females aged 15-19 in 1993 to 32 per 1,000 in 2003.

Source: Wisconsin Bureau of Health Information, Birth to Teens in Wisconsin, 2003; and National Vital Statistics Report.

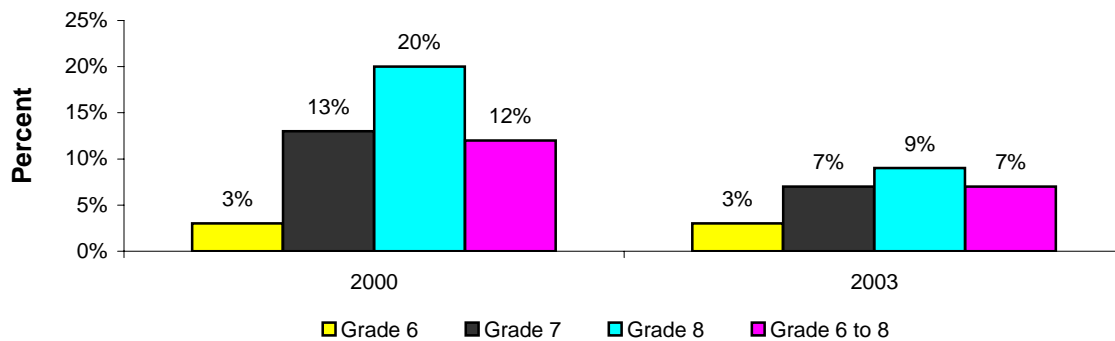
Youth (Grades 9 through 12) Smoking Wisconsin and the U.S. 1993-2003



There has been a significant decrease in cigarette smoking among Wisconsin high school students in the past 10 years. The percentage of students who reported current smoking (defined as smoking at least one cigarette in the previous 30 days) decreased from 32% in 1993 to 24% in 2003.

Older Wisconsin high school students are more likely to smoke than younger students. In the 2003 survey, 28% of seniors, 27% of juniors, 24% of sophomores and 17% of freshmen reported that they smoked in the previous 30 days.

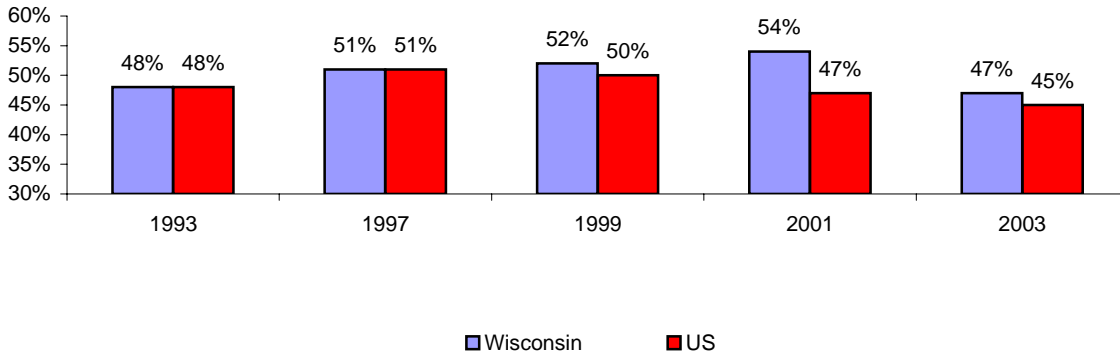
Youth (Grades 6 through 8) Smoking, Wisconsin, 2000 and 2003



Since 2000 (the first year of reporting for middle school smoking), middle school smoking levels have dropped from 12% to 7%. The biggest drop was for 8th graders, decreasing from 20% to 9%.

Sources: High School Youth -- Youth Risk Behavior Survey and Middle School Youth -- Youth Tobacco Survey.

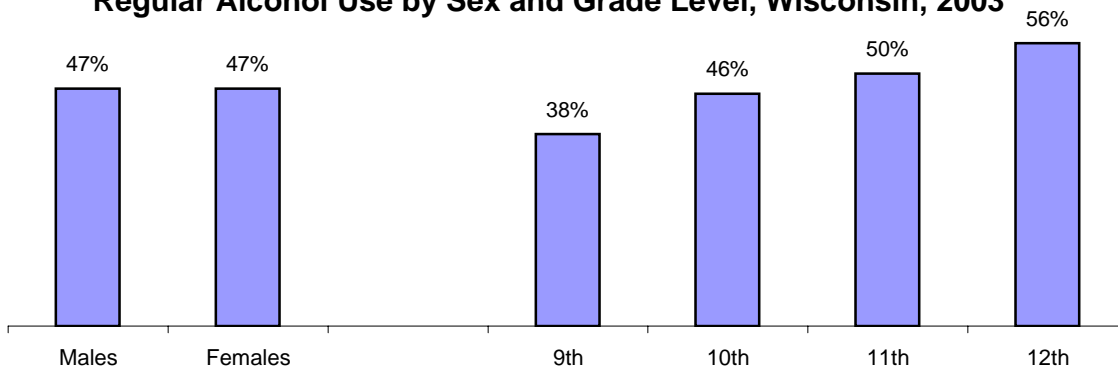
High School Students Who Used Alcohol In the Past Month, Wisconsin and the U.S., 1993-2003



Regular alcohol use (i.e., alcohol use in the past month) among Wisconsin high school students increased through the 1990s, but has recently decreased. The proportion of Wisconsin high school students who reported alcohol use within the past month decreased from 54% in 2001 to 47% in 2003.

The proportion of high school age students nationwide who reported alcohol use within the past month has decreased from 48% in 1993 to 45% in 2003.

Regular Alcohol Use by Sex and Grade Level, Wisconsin, 2003

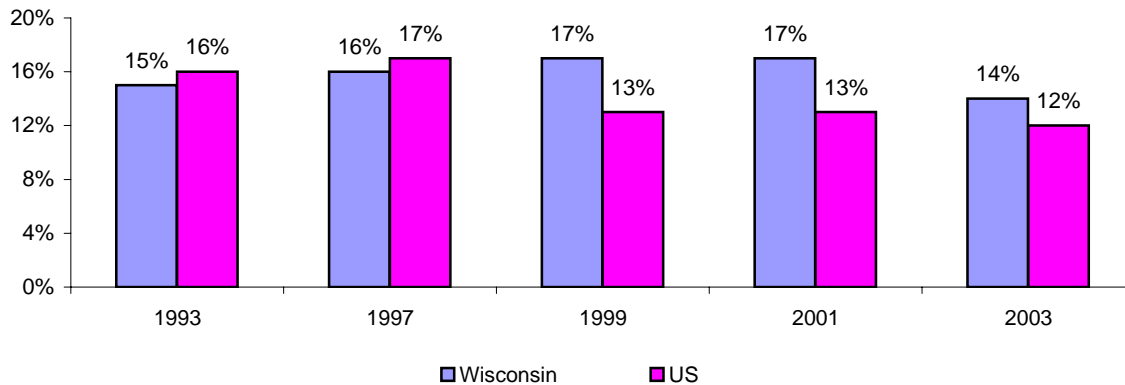


During 2003, regular alcohol use was identical between males and females. Just under half (47%) reported regular consumption of alcohol.

There was a direct relationship between grade level and alcohol use. The percentage of students who reported regular alcohol consumption increased as grade level increased. Alcohol use within the past month was 38% among freshmen, 46% among sophomores, 50% among juniors, and 56% among high school seniors.

Source: Wisconsin and U.S. Youth Risk Behavior Survey.

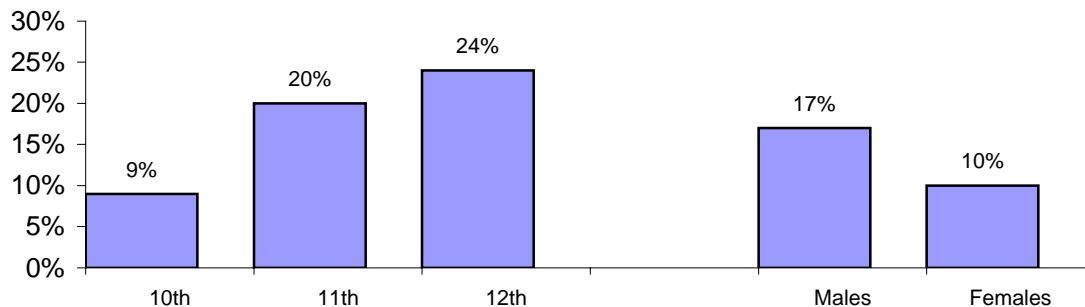
High School Students Who Drove After Drinking in the Past Month, Wisconsin and the U.S., 1993-2003



The incidence of driving after drinking has decreased slightly among Wisconsin high school students. In 2003, 14% of Wisconsin high school students reported that they had driven after drinking, as compared with 15% in 1993.

Nationwide, the incidence of driving after drinking decreased from 16% in 1993 to 12% in 2003. Wisconsin's percent drinking and driving has tended to be higher than the nation in recent years.

Incidence of Driving After Drinking, by Grade Level and Sex, Wisconsin 2003

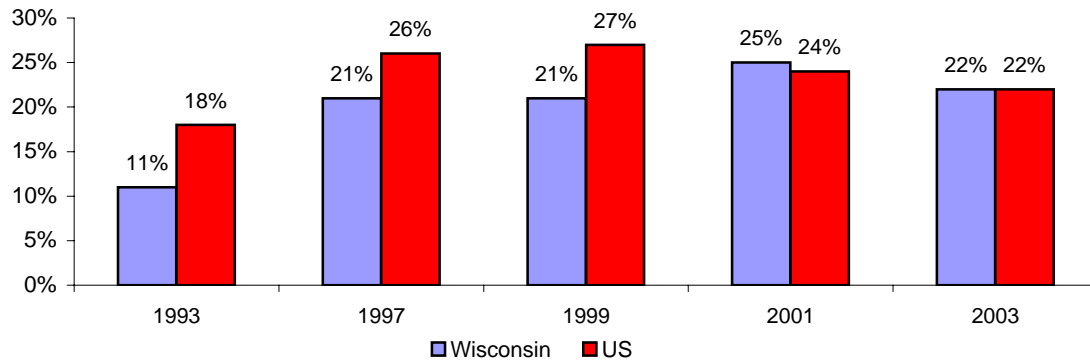


Students in higher grades were more likely to drive after drinking. The reported incidence of driving after drinking was 9% among sophomores, 20% among juniors and 24% among seniors.

Males were more likely to drive after drinking than were females. Seventeen percent of male and 10% of female students reported that they drove after drinking in the past month.

Sources: Wisconsin and United States Youth Risk Behavior Surveys.

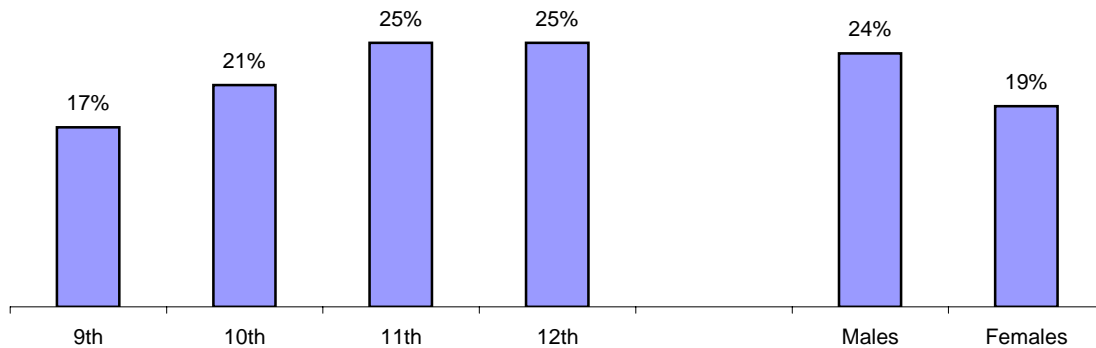
High School Students Who Used Marijuana in the Past Month, Wisconsin and the U.S., 1993-2003



Since 1993 there has been a significant increase in the proportion of high school students who report current marijuana use. The percentage of Wisconsin youth who reported current marijuana use, i.e., they used marijuana in the past month, increased from 11% in 1993 to 22% in 2003.

Nationwide, the proportion of youth who currently use marijuana has increased from 18% in 1993 to 22% in 2003.

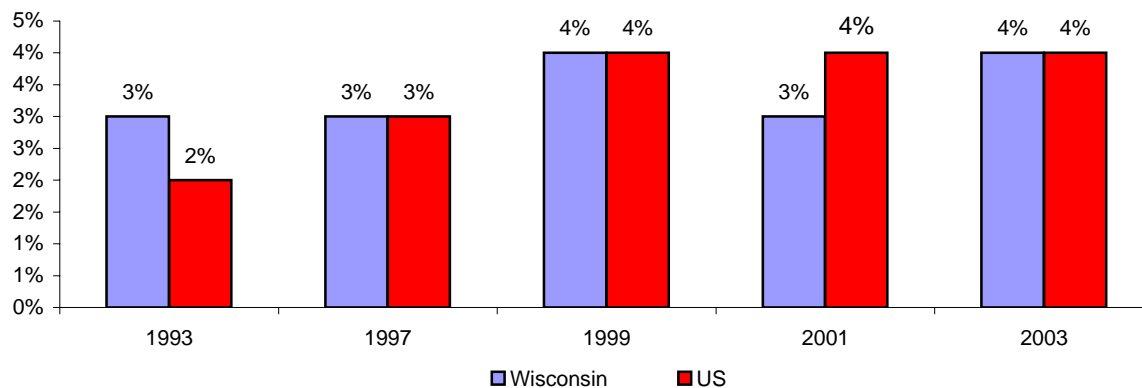
Current Use of Marijuana by Grade Level and Sex, Wisconsin, 2003



Youth in higher grade levels were more likely to report current marijuana use. Males (24%) reported higher rates of current marijuana use than did females (19%).

Sources: Wisconsin and United States Youth Risk Behavior Surveys.

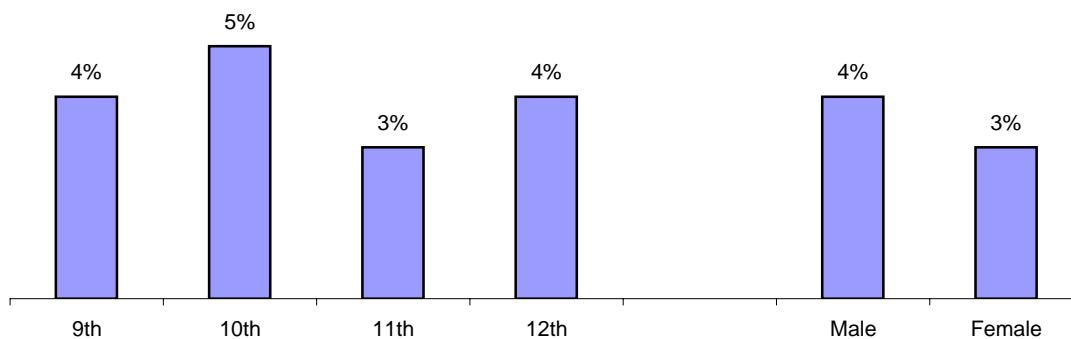
High School Students Who Used Cocaine in the Past Month, Wisconsin and the U.S., 1993-2003



Current cocaine use has been relatively stable among Wisconsin high school students. The percentage of Wisconsin youth who indicated they had used cocaine in the past month increased from 3% in 1993 to 4% in 2003.

Nationwide, the proportion of youth who used cocaine in the past month increased from 2% in 1993 to 4% in 2003.

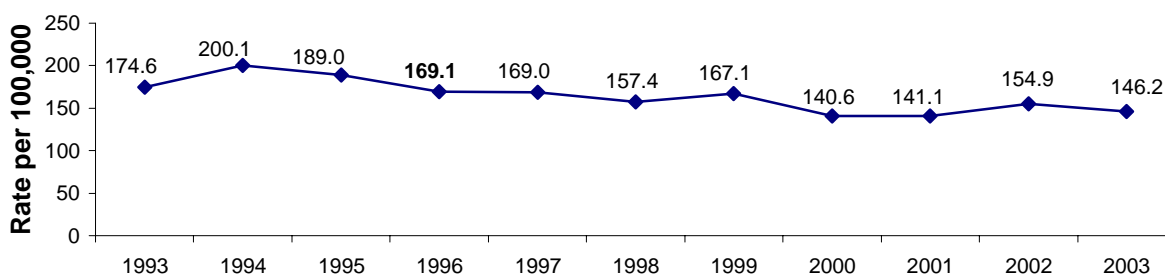
Current Cocaine Use by Grade Level and Sex, Wisconsin, 2003



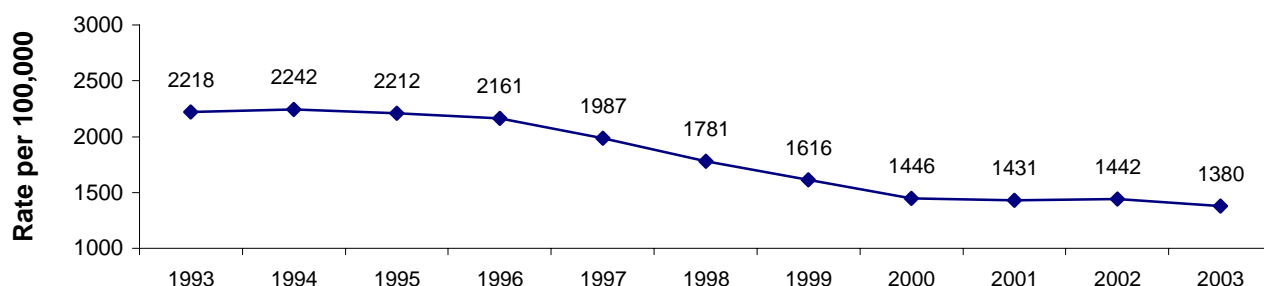
In 2003 youth in higher grade levels were more likely to report current cocaine use. Male high school students reported slightly higher rates of current cocaine use in 2003 than did females.

Sources: Wisconsin and United States Youth Risk Behavior Surveys.

Wisconsin Juvenile Violent Index Arrest Rate, 1993-2003



Wisconsin Juvenile Property Index Arrest Rate, 1993-2003



Wisconsin's juvenile arrest rate increased in the early 1990s, but has declined in the past 10 years. 2003 saw a decrease in juvenile arrests as compared with the previous year.

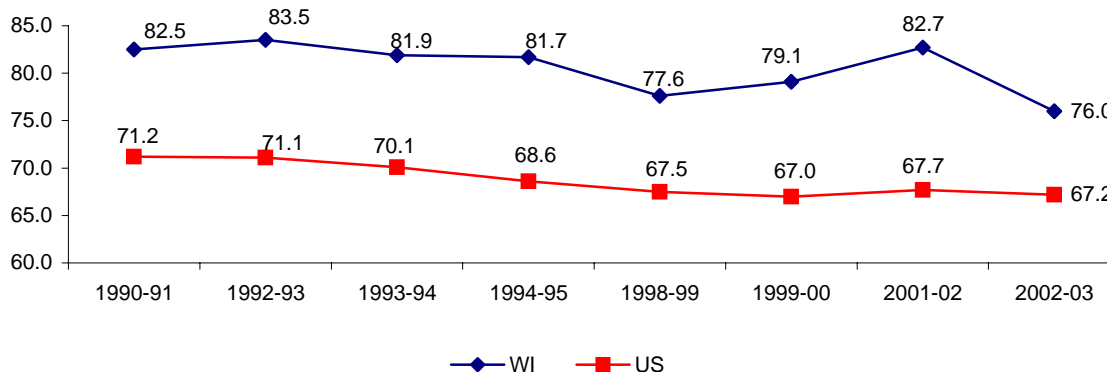
Arrests for FBI prescribed Violent Crime Index offenses, which include murder, forcible rape, aggravated assault and robbery, peaked at 200.1 arrests per 100,000 Wisconsin youth in 1994 and since then have declined by 27%. The violent crime index offense rate in Wisconsin decreased by 6% in the past year.

Arrests for FBI prescribed Property Crime Index offenses, which include burglary, car theft, larceny, theft and arson, was 2,218 arrests per 100,000 Wisconsin youth in 1993 and since then have declined by 38%. The property crime index offense rate in Wisconsin decreased by 4% in the past year.

Nationally the Violent and Property Crime Index arrest rates have also decreased among juveniles. Between 1994 and 2001, the national juvenile Violent Crime Index arrest rate declined by 44% and the national juvenile Property Crime Index arrest rate declined by 41%.

Sources: Crime and Arrests in Wisconsin, 1990-2003, Wisconsin Office of Justice Assistance, U.S. Department of Justice FBI "Crime in the United States 2001."

High School Graduation Rates, Wisconsin and the U.S., 1990-2003



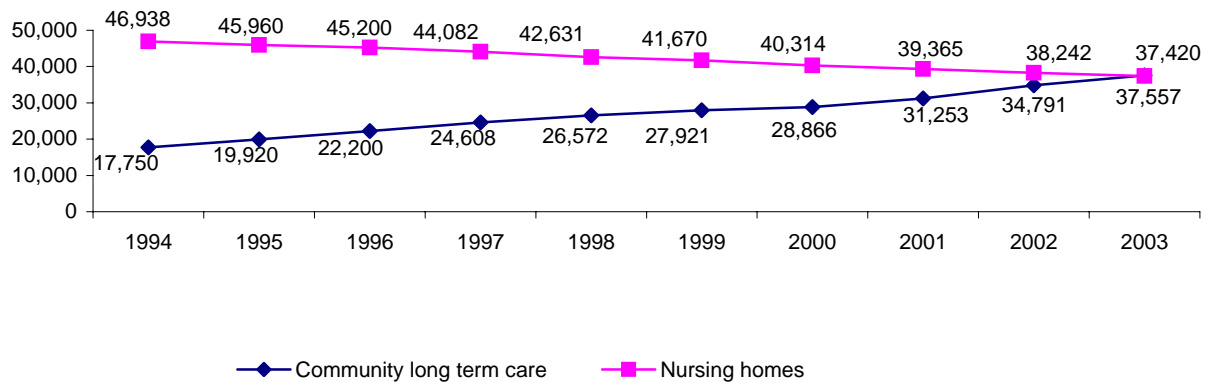
Wisconsin's public high school graduation rate has consistently been higher than the rate for the nation. For the school year 2002-03, Wisconsin's rate was 76% compared to 67% for the U.S. Wisconsin's rate is 12th best among all states.

According to the U.S. Department of Health and Human Services' report, Trends in the Well-Being of American Children and Youth, 1998, "high school dropouts have lower earnings, experience more unemployment, and are more likely to end up on welfare and in prison than their peers who complete high school or college. Women who drop out of high school are more likely to become pregnant and give birth at a young age, and are more likely to become single parents."

The graduation rates reported here are based on a calculation of the ratio of the estimated number of high school graduates to the number of students enrolled in ninth grade three years earlier. The Wisconsin Department of Public Instruction uses a different method for computing graduation rates that does not allow a comparison to the U.S. and consequently was not used in this profile.

Source: Morgan Quitno Press using unpublished data from the U.S. Office of Education National Center for Education Statistics, State Rankings publications for 1993-2003.

Nursing Home Residents Vs. Community Long Term Care Clients, Wisconsin 1994-2003

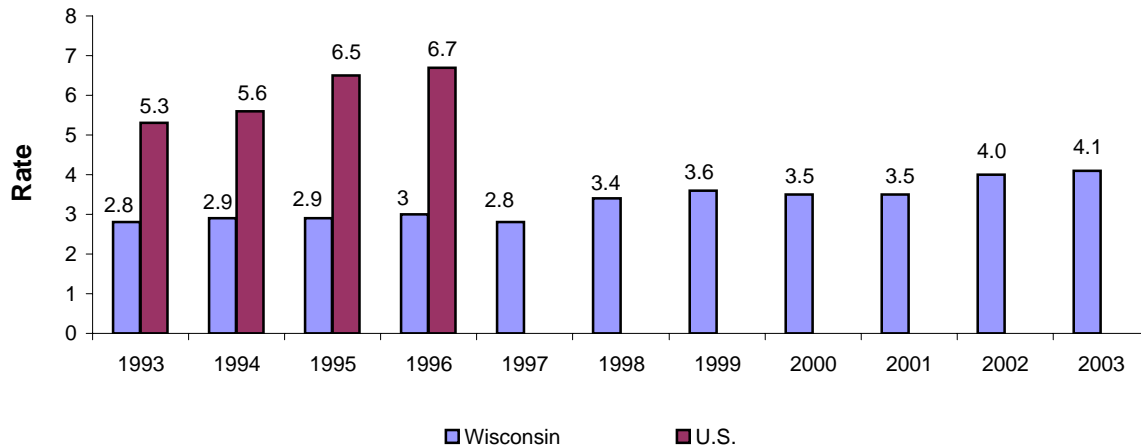


The number of Wisconsin residents living in nursing homes (including facilities for the developmentally disabled) is declining and the number receiving long term care from publicly supported community programs (including COP, the MA Waiver Programs, Family Care, PACE, the Wisconsin Partnership Program and the Alzheimer's Family and Caregiver Support Program) is increasing. Between 1994 and 2003, the number of Wisconsin residents living in nursing homes has decreased by 20% and the number receiving long term care from community programs has increased by 90%. In 1994, there were 2.6 nursing home residents for every long term care client served in the community and in 2003, the numbers were virtually identical. The growing trend is that Wisconsin's long-term care population is becoming more able to obtain services via community based programs.

Wisconsin has experienced proportionally greater declines in our nursing home population than the U.S. Between 1995 and 2001, Wisconsin's nursing home population decreased by 13% while the U.S. nursing home population decreased by 1%. National data on the number of community long-term care clients is not available. Consequently, Wisconsin's rate of nursing home residents per 1,000 population 85 and over has become very similar to that of the nation's. In 2003, Wisconsin had 350 nursing home residents per 1,000 population 85 and over compared to 332 for the U.S. (2001).

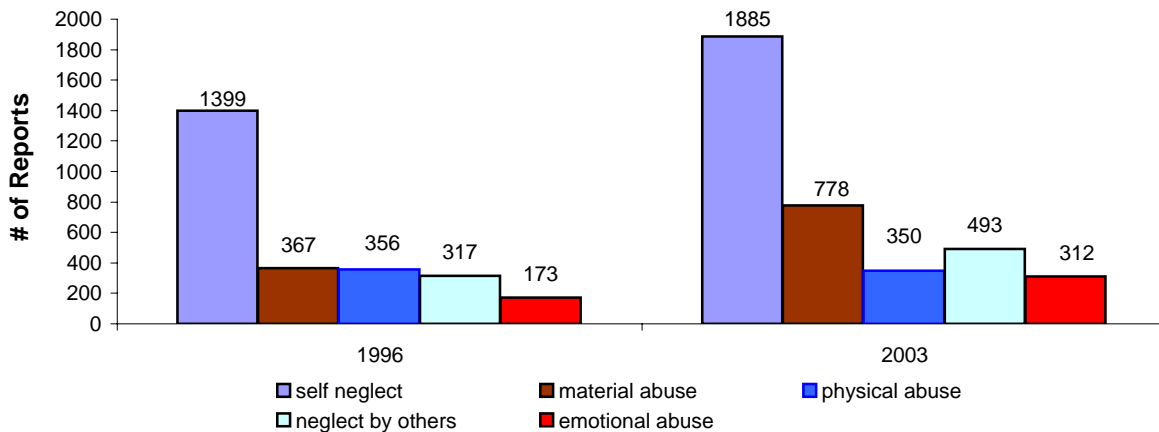
Sources: Wisconsin DHFS, DSL, Human Services Reporting System, 1995 to 2002; DSL, BALTCR, Alzheimer's Family & Caregiver Support Program Information; and DHFS, DPH, BHIP, Wisconsin Nursing Homes and Facilities for the Developmentally Disabled, 2003. The U.S. CDC, National Center for Health Statistics, Health, United States, 2003, Table 110. Note: Data on the LTC population served through the PACE & Partnership Programs in 1994-1996 is not available.

**Rate of Reported Elder Abuse per 1000 Population
Age 60 Years and Over
Wisconsin and U.S., 1993-2003**



In 2003, the rate of reported abuse of elders in Wisconsin was 4.1 per 1,000 population 60 years and over, up from 4.0 in 2002 and 2.8 in 1993. About 53% of reported cases are substantiated. It is important to note that increased reporting of abuse is thought to explain the rise rather than the actual incidence of abuse. Wisconsin's rates remain substantially below the latest (1996) national estimates.

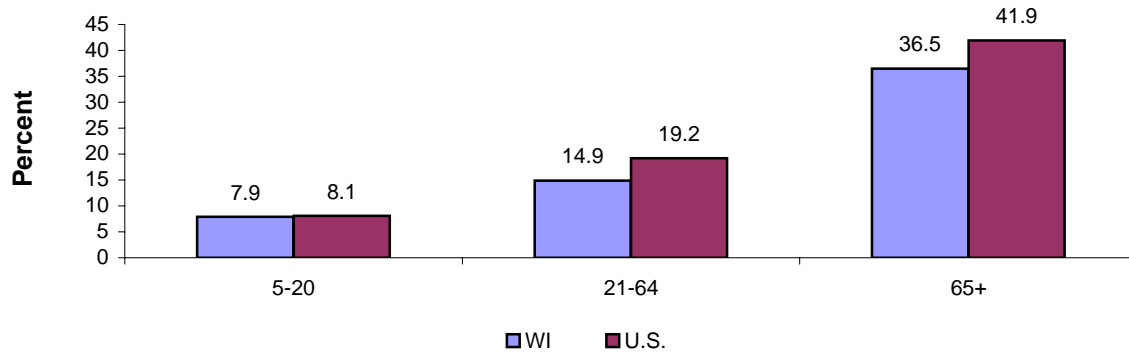
Types of Elder Abuse Reported in Wisconsin 1996, 2003



The most common form of elder abuse is self neglect which accounts for about half of all elder abuse. Reports of physical abuse were the only type of elder abuse that did not increase significantly from 1996 to 2003.

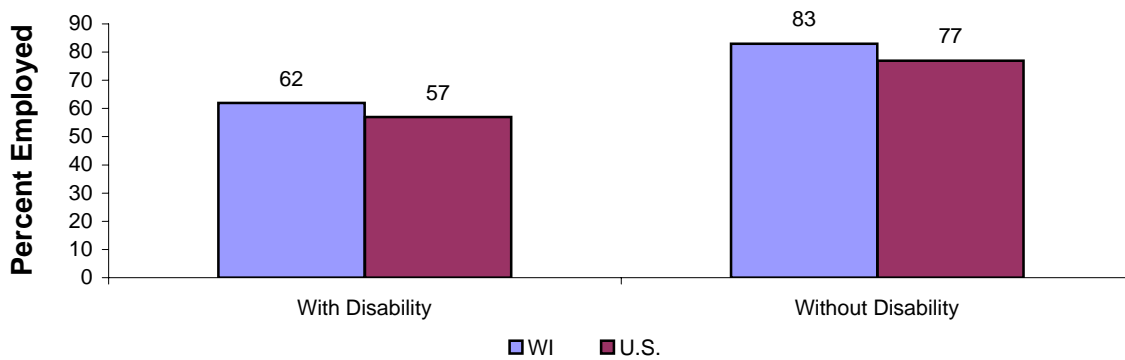
Sources: Wisconsin Report on Elder Abuse, Bureau of Aging and Long Term Care Resources, Division of Supportive Living, Department of Health and Family Services; National Center on Elder Abuse Fact Sheets; U.S.Census 2000 Population Estimates; Wisconsin Department of Health and Family Services, Division of Public Health (Bureau of Health Information and Policy) 2003 estimate of Wisconsin population 60+).

Percent of Population With a Disability by Age, Wisconsin and U.S., 2000



Based on 2000 Census data, Wisconsin has a lower percentage of persons with a disability than the U.S. average. For persons 5-20 years of age, 7.9% report a disability; 14.9% for persons 21-64 and 36.5% for persons 65 and over.

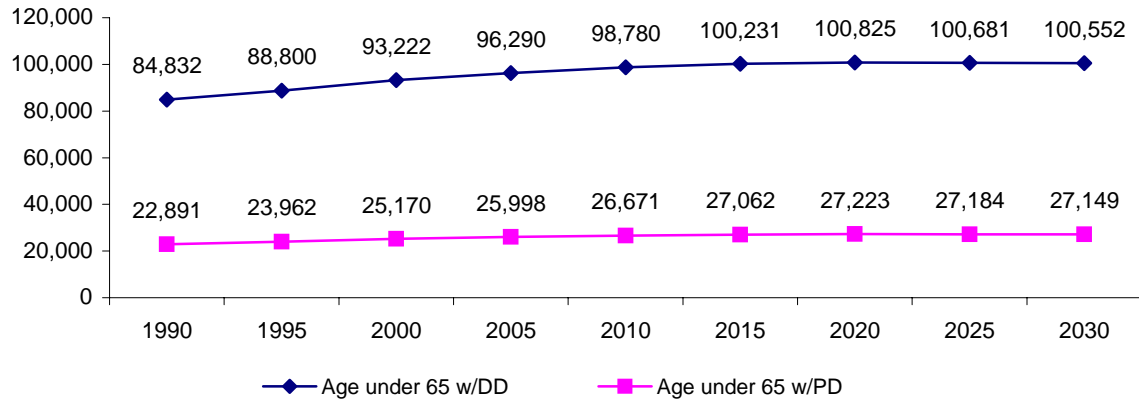
Employment Status of Persons 21-64 With and Without Disability, Wisconsin and the U.S., 2000



Wisconsin has a higher percentage of working age persons that are employed with or without a disability than does the U.S.

Source: U.S. Census Bureau, Census 2000 Summary File 1.

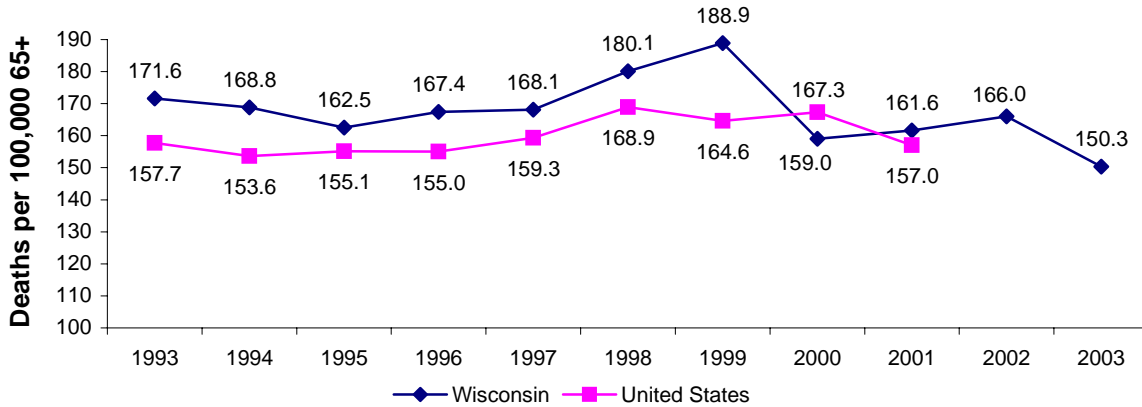
Projected Number of Persons Under Age 65 With Disabilities Potentially Needing Long Term Care in Wisconsin, 1990-2030



In Wisconsin, it has been estimated that about 2% of persons under the age of 65 have a developmental disability and potentially need long term care. Another 0.5% have a physical disability and potentially need long term care. At these rates, it is estimated that over 118,000 non-elderly persons had some sort of long term care needs in 2000 -- about 93,000 had a developmental disability, and 25,000 had a physical disability. In the year 2010, the non-elderly population with a disability potentially needing long term care is estimated to approach 126,000 (99,000 developmentally disabled and 27,000 physically disabled).

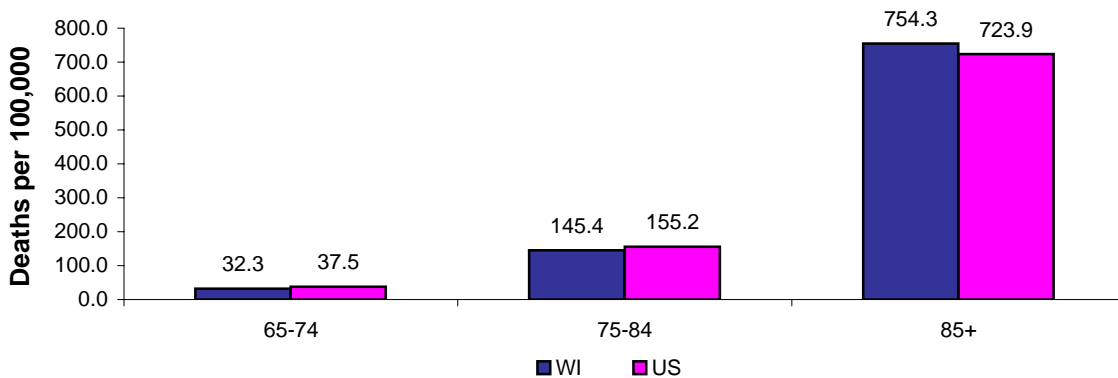
Sources: OSF Center for Delivery Systems Development. The projections are based on disability data obtained from U.S. Centes for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey-Disability, 1994-1995; and Wisconsin DOA, Population Projection, June 1993 (for years before 2000) and Population Projection, July 2002 (after year 2000).

Influenza and Pneumonia Mortality Rates for Persons 65 and Over, Wisconsin and the U.S. , 1993-2003



The death rate for persons 65 and over from influenza and pneumonia which had risen in the last half of the 1990s, dropped precipitously in 2000 for Wisconsin and has remained below levels of 10 years ago. U.S. data for 2002 are not yet available. CDC has reported that nationally, despite increased vaccine use among the elderly, preventable deaths due to influenza and pneumonia have increased. In Wisconsin, the percent of the population 65 and over that ever received a pneumonia vaccine has increased from 29 percent in 1993 to 71 percent in 2002.

Influenza and Pneumonia Mortality by Age, 1999-2001



High influenza and pneumonia mortality for persons 85 and over coupled with Wisconsin's higher percentage of the aged population that are 85 and over (13.6% vs. 12.1%) explains why influenza and pneumonia mortality was higher in Wisconsin than the U.S. from 1998 to 2001.

Source: CDC Wonder System, Centers for Disease Control and Prevention and Wisconsin Deaths, Bureau of Health Information and Policy; DHCF, DHFS.